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ABSTRACT

This module is the eighth of 10 in the Essential Communication and Documentation Skills curriculum. It develops skill in form documentation, a workplace literacy skill identified as being directly related to the job of the direct care worker. The curriculum is designed to improve the competence of New York State Division for Youth (DFY) direct care staff using contextualized workplace learning materials. The preface and introduction provides information on the curriculum's structure, how to use the curriculum, and how to implement the program. The module is divided into seven sections. The design cover sheet gives an overview of the module design: purpose, methods, performance objectives, and evaluation procedures. The preparation cover sheet lists the following: physical setting, equipment and supplies required, media support, necessary participant materials and handouts, instructor's materials and preparation steps, options or variations in delivery, and one reference. The presentation overview lists the method, purpose, and estimated time for the following activities: introduction, developing skills for approaching form documentation, applying form documentation skills, completing the youth transfer record, form documentation and DFY policy, assessing DFY forms, and summary and closure. The presentation guide for the trainer is a comprehensive and detailed guide for the delivery of the module activities. Flipchart masters are followed by supplemental notes and materials for the trainer. A participant materials section provides a packet of materials each participant should receive. An additional section of forms is provided. (YLB)

ED 380 685

Essential Communication and Documentation Skills
Module: Form Documentation

Rockefeller College Workplace Literacy Program

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CE 068 678

ESSENTIAL COMMUNICATION AND DOCUMENTATION SKILLS

for the New York State Division for Youth

This document was conceived and developed in New York State and produced under a United States Department of Education National Workplace Literacy Program Grant (FY 1992) within a project administered by the Rockefeller College Professional Development Program, University at Albany, State University of New York, in partnership with the New York State Governor's Office of Employee Relations, the Civil Service Employees' Association, the New York State Division for Youth, and through the administration of the Research Foundation, State University of New York. The contents of this manual do not necessarily represent the policy of the Department of Education but rather are reflective of the philosophy and approach of the grant recipient that administered the local project and all the partners and helpers identified with the project. The following individuals acted as official representatives for the partnership organizations.

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Joanne Casabella, Administrative Officer, Office for Research
Thomas J. Kinney, Director, Professional Development Program
Eugene J. Monaco, Deputy Director, Professional Development Program
Christine A. Katchmar, Workplace Literacy Project Director, Professional Development Program

New York State Division for Youth
Judith Blair, Director, Bureau of Staff Development and Training
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Governor's Office of Employee Relations
Diane Wagner, Program Administrator, Project Reach
Harriet Spector, Employee Relations Assistant, Project Reach

Civil Service Employees' Association
Ira Baumgarten, Director of Labor Education Action Program

The curriculum was designed to improve the competency of Division for Youth Direct Care Staff in the workplace areas of reading, writing, listening, speaking, observation, and decision making using contextualized workplace learning materials. Two additional accomplished goals were to help institutionalize DFY's capacity to provide continuing workplace literacy instruction and support beyond the funding period, and provide a replicable model of contextual learning for the juvenile justice and adult literacy fields. The Professional Development Program of Rockefeller College, University at Albany, State University of New York, invites your questions regarding this project. The materials and ideas are available for duplication and use upon request to Rockefeller College Professional Development Program.

Albany, New York
July 1994

ACKNOWLEDGMENTS

The *Essential Communication and Documentation Skills for the New York State Division for Youth* curriculum manual with all its companion pieces and supplementary products came to fruition through the talents and commitments of many individuals. We would like to acknowledge all those for their efforts and to give special mention to the individuals and groups listed below, whose contributions were particularly valuable.

We acknowledge the New York State Division for Youth for welcoming this project and curriculum into its strategic training plan, and for providing the many staff members, the time, and the resources that were dedicated to the project implementation and curriculum development. We especially acknowledge the efforts of Brian Caldwell, Margaret Davis and Judith Blair of the Division's Bureau of Training and Development. Also appreciated are the staff of the Division for Youth's Training Centers, including but not limited to Greg Gallina, Terry Keith Smith, and Reginald Osterhoudt of the Highland and Pyramid Training Centers; Gale Smith, Patsy Murray, Munna Rubaii, and Debra Peete of the MacCormack Training Center; Rick Quinn of the Industry Training Center; and Phyllis Patricelli, Dena Thompson, Margaret Smith, and Margaret Kinney Trolio of the Tryon Training Center. Many personnel from the DFY Central Office also deserve appreciation, particularly the support staff, including Sandy Vanier, Karen Tribley-Smith, Suzanne Pohlmann, and Shirley Clark. We would like to give special acknowledgments to the many Youth Division Aides, supervisors, and managers from throughout the New York State Division for Youth who willingly participated in the literacy task analyses, the focus groups, the field tests of the curriculum, the pilot tests, and the many other activities that were instrumental in bringing this curriculum and project to its final state.

We thank Diane Wagner of the New York State Governor's Office of Employee Relations - Project REACH for all recommendations and guidance related to REACH and tutoring issues for New York State government and for being the inspiration behind the original project proposal to the National Workplace Literacy Program. Without Diane's expertise in the operation of REACH across all New York State agencies and her close working relationship with Literacy Volunteers of America - New York State, the tutoring component of this project could not have been implemented.

We further appreciate the insight and involvement of Ira Baumgarten of the New York State Civil Service Employee's Association, Project LEAP who, as the representative for the labor perspective, continually brought the implementation of project elements and the development of the curriculum around to an awareness of the worker's need. His breadth of experience in varying levels of educational programming across the agencies of New York State Government provided a valuable perspective regarding the institutionalization process within the Division for Youth.

We would also like to give acknowledgment to Jorie Philippi, Principal Evaluator, Performance Plus Learning Consultants, Inc. as the external evaluator of the project. In providing insightful feedback through interim evaluation reports and numerous discussions, Ms. Philippi helped to keep the project on course and true to its goals and objectives. Her experience in evaluating and implementing numerous workplace literacy programs throughout the United States under the United States Department of Education's sponsorship and as a private consultant served the project well. She was able to quell anxieties as well as provide expert advice for program development and operation through all phases of the project implementation. Her efforts and expertise are greatly appreciated.

We thank the members of the Literacy Advisory Committee and the Program Planning Committee for their time commitment and expert advice regarding project design and implementation from the varying perspectives that each member brought to the meetings and other sessions.

At the Rockefeller Professional Development Program we would like to acknowledge Judith Anderson, Computer Specialist, Sally Berdan, Director of Publications, George Dowse, Graphic Artist, and Bob Richardson, Senior Editor, for consultation in their areas of expertise. And, finally, for his professional oversight and unflagging support throughout the entire project design and implementation, we thank Eugene J. Monaco, Special Assistant to the Provost of Rockefeller College for Professional Development, Training, and Research.

The drafts of the curriculum and all companion pieces were the products of a team of expert curriculum developers consisting of Muriel Medina, Ph.D., Mary Hall, and Christine Katchmar of Rockefeller College and Brian Caldwell of the New York State Division for Youth, ably assisted in word processing and graphic design by Sandy Guntner and Mary Campney of Rockefeller College. The creative dynamic that this team achieved and maintained during the arduous curriculum development process was instrumental in achieving the high quality that the final products have. The willingness of all team members to work above and beyond the regular work periods all across New York State was reflective of the level of commitment to a quality effort. The level of collaboration between the work site representative and the educational representative that was achieved by the members of the team helped to make the curriculum a truly contextualized workplace literacy product. We appreciate all the efforts of this talented team.

PREFACE

Essential Communication and Documentation Skills for Youth Division Aides of the New York State Division for Youth was conceived and developed in New York State and produced under a United States Department of Education National Workplace Literacy Program Grant (FY 1992) within a project administered by the Rockefeller College Professional Development Program, University at Albany, State University of New York in partnership with the New York State Governor's Office of Employee Relations, the Civil Service Employees' Association, the New York State Division for Youth, and through the administration of the Research Foundation, State University of New York. The contents of this manual do not necessarily represent the policy of the Department of Education but rather are reflective of the philosophy and approach of the grant recipient that administered the local project – the Rockefeller College Professional Development Program – and all the partners and helpers identified with the project.

The National Workplace Literacy Program

Workplace literacy has come to the forefront in adult education within the last ten years as increasing attention has focused on the skills needed for the average adult to compete successfully in the workplace of today and the future. To compete in a global economy American workers must have strong basic skills and more: they must be able to use the latest technology and up-to-date service and production techniques; they must be able to think critically, solve problems, and make decisions; they must be able to work in teams and have a high level of independence with less and less reliance on supervision; they must have strong communication skills. Congress created the NWLP in response to concerns that an increasing percentage of the American work force lacked the skills to compete in the world marketplace.

Since 1988 the NWLP has provided grants to fund local projects that are operated by exemplary partnerships of business, labor, and educational organizations. These partnerships are funded to provide services that will improve the productivity of the work force through the improvement of basic skills needed in the workplace. These projects focus on developing the knowledge and the ability of workers in a specific job context to apply a broad spectrum of literacy and reasoning skills to job performance in their immediate employment that will be transportable to future jobs in other employment contexts. Workplace literacy is much broader than generic reading and writing; today's basic skills go beyond that.

Originally the NWLP was part of the Omnibus Trade and Competitiveness Act of 1988 and was later incorporated in the Hawkins-Stafford Elementary and Secondary School Improvement Act of 1988. The National Literacy Act of 1991 amended the program to be as it is presently. The NWLP is administered by the U.S. Department of Education's Office of Vocational and Adult Education (OVAE) within the Division of Adult Education and Literacy (DAEL). The program continues to exist within the larger context of the Goals 2000 Educate America Act, Goal 5, that, "Every adult (be) literate and able to compete in the workforce."

The Rockefeller College Workplace Literacy Project

In 1992 a partnership was formed in New York State between the Professional Development Program of Rockefeller College, University at Albany, State University of New York; the Civil Service Employees' Association, Inc.; and the New York State Governor's Office of Employee Relations - Project REACH. Rockefeller College represented the educational component, CSEA presented the labor perspective, and GOER-Project REACH brought the management view. Rockefeller College submitted a proposal to the NWLP to develop and implement a job-related basic skills curriculum for the New York State agency determined by CSEA / GOER-Project REACH to be the recipient of the educational and other services of the grant. The New York State Division for Youth (DFY) was that agency and its direct care workers, the Youth Division Aides (YDAs), the targeted employees.

In 1993 Rockefeller College received the grant to carry out the proposed project plan. The project drew upon the resources of all the partners. Accomplishment of the goals has been reflective of the cooperation and commitment that was given by all throughout the year-and-a- half of the grant period, especially by the NYSDFY. As the recipient of the grant services, it was the workplace context of the project and all instructional services were delivered to its employees. Their role was key to the success of the grant implementation, and the level of success can be attributed to their efforts and commitment to institutionalize workplace literacy within the juvenile justice system of New York State. This project serves as a demonstration project from which other like systems can draw parallels and conclusions for similar implementation.

Project Goals

The proposal to the NWLP articulated specific goals to be achieved. They were as follows.

- To produce literacy gains upgrading the workplace literacy skills of a targeted population of NYS employees (Youth Division Aides of the New York State Division for Youth) in order to help them satisfactorily complete a competency-based job traineeship and increase job productivity by improving their workplace reading, writing, listening, speaking, reasoning, and problem solving
- To demonstrate a model workplace literacy program for this category of worker and job title through the development of a model of contextualized learning using a curriculum and training design that could be replicated across the juvenile justice system
- To evaluate the project and share findings with the adult literacy and the juvenile justice fields
- To develop in the New York State Division for Youth the capacity to provide continuing workplace literacy instruction and support beyond the funding period

The Educational Program

As indicated, the adult population determined to receive the services of this partnership project consisted of the Youth Division Aides (YDAs) of the New York State Division for Youth (DFY). These employees are the front line workers in DFY's youth residential facilities. They provide direct supervision for the youth who have been assigned by the courts to these facilities. Their successful job performance is highly dependent upon workplace literacy skills.

In developing a curriculum for this population, an in-depth study was made of the reading, writing, speaking, listening, reasoning, and decision-making skills used on the job by experienced YDAs considered by supervisors and administrators to be strong employees. This study included observing YDAs in DFY residential facilities throughout New York State, interviewing YDAs and their supervisors, and analyzing the printed material used in the facilities. Initial input from focus groups and an Advisory Committee of Administrators, supervisors, and employees of DFY was integral to the curriculum development. This input, combined with the results of the extensive field work, laid the foundation for development of the 40-hour curriculum entitled *Essential Communication and Documentation Skills*. The curriculum was further refined and developed by extensive review and input from training staff and supervisors of DFY.

The final *Essentials* curriculum is comprehensive, evolving around the following educational goals:

- To enhance the YDA's awareness of the communication and documentation skills and responsibilities required at DFY
- To identify their own strengths and areas for improvement in observation, decision making, oral communication, reading, and writing
- To learn strategies for strengthening their skills in observation, decision making, oral communication, reading, and writing
- To develop ownership for their own learning in training and on the job at DFY

YDAs were selected by supervisors to attend Essentials for the first six months of operation of the program. The curriculum is now a core component of the training given by DFY to all newly- hired YDAs. It is delivered in a one-week, 40-hour span during the regular work day. It has become the third week of DFY's Basic In-Service training for all newly hired YDAs, and all new YDAs are mandated to go through the program. The programs have been conducted across the state close to DFY residential facilities in order to increase ease of access for employees. In the future, they may be delivered at a central employee training academy. The curriculum is modularized according to critical skills and content areas; this makes it possible to deliver selected modules to more veteran employees, as needed. The curriculum as designed is complete for the general YDA population and is intended to be supplemented with additional services, such as tutoring, for select YDAs.

The Tutoring Component

The impetus for the proposal to the NWLP for this project came from Project REACH, which, with CSEA, had had broad statewide experience with workers like the DFY YDA, and which had become well aware of the literacy needs of New York state employees. The tutoring component of this workplace literacy project was provided through Project REACH and CSEA's in-kind support. Project REACH is the workplace basic skills program available to all CSEA-represented New York State employees. Project REACH is a joint labor/management initiative funded and operated by the New York State Governor's Office of Employee Relations and the Civil Service Employees Association, Inc. REACH has been providing basic skills instruction and support for New York State employees since 1986.

Both CSEA and GOER -Project REACH had been involved with an earlier NWLP project targeting another New York State agency, and they had become aware of the need for some employees to receive additional support beyond the classroom instruction provided through the core curriculum of such a project. Therefore, the proposal to the NWLP included a tutoring component supplementing the core educational experience that the YDA received through the 40-hour *Essentials* program, if needed.

Since Project REACH and CSEA had a long-term, ongoing relationship with Literacy Volunteers of America - New York State in providing tutoring services to employees of New York State agencies, the logic of incorporating the LVA tutor program into this project was clear. It is within the parameters of this working relationship that the tutoring component was designed and developed. As designed, DFY YDAs are invited to set up tutoring sessions with an LVA NYS tutor through GOER-Project REACH. The YDA attends tutoring either on his/her own time, or during the workday with one-half of the session donated by DFY as an hour of compensated employment and the other half given from the employee's time.

Two supplemental products, *The Guide to Contextualized Workplace Tutoring* for Tutors and its companion, the *Affiliate Administrator's Guide*, were developed through the project to assist LVA volunteers with the tutoring of the YDA to insure that the tutoring complemented the *Essentials* program and was contextualized to the DFY workplace. The *Affiliate Administrator's Guide* assists LVA NYS Affiliate Administrators in implementing the tutoring within their local affiliate and its ongoing association with Project REACH. These products were collaborative efforts of LVA NYS, Project REACH, NYS DFY, and Rockefeller College.

Unique Project Features

The *Essentials* curriculum was carefully designed to improve the competency of Division for Youth direct care staff in the workplace areas of observation, reading, writing, listening, speaking, and decision making using contextualized workplace learning materials. Two additional goals to be accomplished were to help institutionalize DFY's capacity to provide continuing workplace literacy instruction and support beyond the funding period, and provide a replicable model of contextual learning. These goals were projected to be accomplished through some unique features, as follows:

- A 40-hour customized curriculum with all training materials contextualized to the workplace of the New York State Division for Youth and the job of the Youth Division Aide
- A customized workplace literacy skills assessment that would inform instruction and be used as the basis of the YDA's Individual Development Plan
- A 4-hour learning skills module that would be incorporated into the 40-hour curriculum
- Delivery of the 40-hour curriculum to DFY Youth Division Aides throughout New York State in DFY Training Centers supplemented with follow-up tutoring and mentoring at the worksite
- Training Center and home unit teams that would include instructors, mentors, and tutors to implement the Individual Development Plans
- Training modules and program guides for instructors, mentors, and tutors
- Periodic administration of workplace literacy assessment measures to examine the effects of training
- Training of trainers to develop up to 50 instructors able to deliver the 40-hour curriculum in order to create the capacity to continue the program after NWLP funding ceased
- Dissemination of the curriculum to the adult literacy and juvenile justice fields
- Program evaluation following the CIPP model and conducted by Performance Plus Learning Consultants, Inc., Jorie Philippi, Principal Evaluator

The materials and ideas contained in this manual are available for duplication and use upon request to Rockefeller College. The video tape mentioned in the curriculum, as well as both the tutoring component supplemental materials, *Guide to Contextualized Workplace Tutoring* and *Affiliate Administrator's Guide* are available upon request. The hope is that the curriculum and other products will be instrumental for others to continue the work conceived and initiated within the New York State Division for Youth by Rockefeller College and its partners through the Rockefeller College Workplace Literacy Program and the United States Department of Education National Workplace Literacy Program.

The Rockefeller College Professional Development Program is pleased to have been a part of such a dynamic and collaborative development process. We invite your questions regarding this project and the *Essential Communication and Documentation Skills* curriculum manual and its supplementary products. You may reach us at 518-442-5422 (phone); 518-442-5768 (fax), or you may write our offices at 135 Western Avenue, Richardson Hall, Albany, New York 12222.

Christine A. Katchmar, Program Director
Albany, New York
December 1994

FOR THE TRAINER:

Using the Curriculum Manual for *Essential Communication and Documentation Skills*

Introduction to the Curriculum

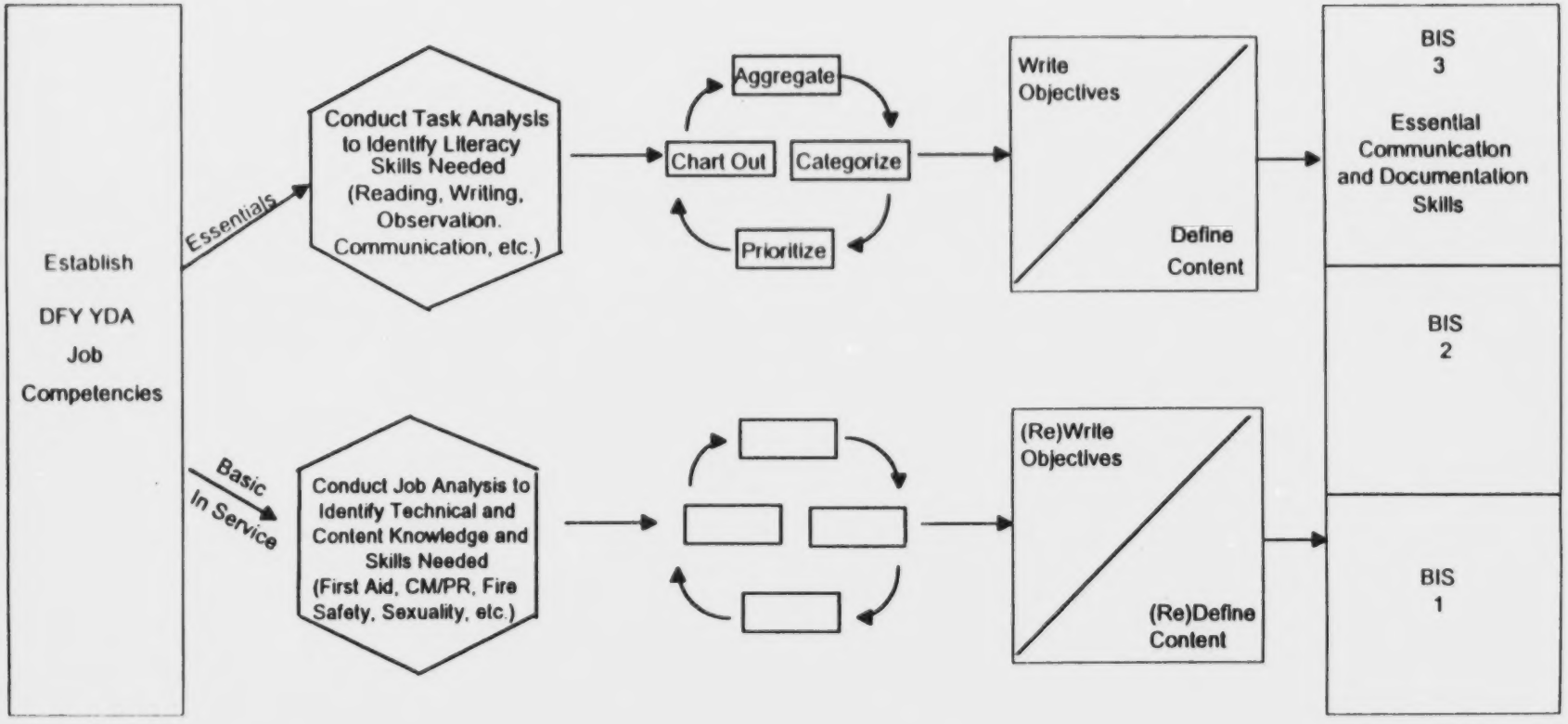
Welcome to *Essential Communication and Documentation Skills*, a comprehensive workplace literacy curriculum that was developed in 1993-4 for and in collaboration with the New York State Division for Youth through the Rockefeller College Workplace Literacy Program under the auspices of a National Workplace Literacy Program grant (FY 92) in partnership with the NYS GOER - Project REACH and CSEA. The curriculum was designed to improve the ability of the New York State Division for Youth's direct care staff to do their jobs better in the residential facilities of the Division for Youth throughout New York State.

Essentials is not job training; it is a workplace literacy program, designed to improve worker competencies in the areas of workplace, reading, writing, listening, speaking, observation, and decision making both on basic and higher order skill and knowledge levels. *Essentials* is an example of contextualized learning. This means it is based on the working environment and materials where the trainees work, in this case the New York State Division for Youth (NYSDFY).

As you review the *Essentials* curriculum manual, you will notice that all training materials are contextualized to the workplace of the New York State Division for Youth and the specific job of the Youth Division Aide. Actual workplace materials from the DFY facilities are used as the basis for instruction, especially in the Reading and Form Documentation modules. The curriculum was developed using the curriculum development model shown in Figure 1.

While this curriculum manual is intended to be a resource that a trainer can use as a guide for conducting the *Essentials* training at the DFY Training Centers across New York State, it can also be used to develop specific lessons or plans for similar instruction for similar employees at like work sites. The curriculum follows an adult learning instructional philosophy and presents general principles as well as detailed instructions for conducting a successful training program contextualized to the juvenile justice workplace and the job of the direct care worker. It is recommended that agencies outside of the NYS Division for Youth who wish to use this curriculum develop instructional materials from their own work sites to enhance the transfer of skill development from training to on-the-job. Rockefeller College offers technical assistance and training that would assist your agency in this tailoring process. However, tailoring is not required; the basic and higher order skills that are targeted for development can be successfully addressed with other audiences using the materials in the manual. Other agencies will be able to successfully adapt this curriculum to their workplace training by using the examples of materials found in this manual

CURRICULUM DEVELOPMENT PROCESS
for
Revision of NYS DFY Basic In Service Training Program



Philosophy

The philosophy underlying *Essentials* shaped the content and instructional processes of the curriculum as well as the roles of the participants and the trainers in the learning.

Literacy is viewed as the ability to accomplish tasks rather than knowing a set of isolated skills that are ends in themselves - both basic and higher order. Participants strengthen their skill and knowledge within the framework of work-related tasks through both individual and collaborative practices, completing these tasks that simulate practices on the job.

Participants are viewed as competent adults who bring much to the training. The content of *Essentials* incorporates the YDA's knowledge of youth care and of DFY procedures and regulations and builds on existing interpersonal, teamwork, and decision-making skill and knowledge.

Participants are expected to be involved, responsible, active learners. On the first day of *Essentials*, participants learn how they can be more effective as learners. Using this information, they set personal objectives. They build the content of certain modules by developing and acting out work-related skits that form the basis for class exercises. Throughout, the participants provide feedback to one another, helping each other to assess and improve skills, while gaining knowledge. On the final day of the 5-day program, the participants develop individualized plans to continue their learning back on the job. The process they use to develop their Individual Development Plans (IDP) reflects the emphasis of their being in control of and responsible for their own ongoing learning, a philosophical cornerstone of the entire curriculum.

Instructional Techniques and the Trainer's Role

The instructional processes of *Essentials* are designed to address and encourage a variety of learning styles. They include:

- Trainer presentation
- Whole group discussion and brainstorming
- Individual skill-building activities
- Paired skill-building activities
- Small group skill-building activities
- Problem-solving and decision-making activities
- Role plays

These methods are highly interactive and participatory. The role of the trainer is to facilitate and encourage interaction through the variety of opportunities that the above provide.

Throughout *Essentials*, the participants learn by watching , listening, and doing as well as from their own feelings, reflections, and personal reactions. They have time to think about situations and to analyze ideas. The trainer will be challenged to adapt to the workplace contexts that evolve spontaneously and enrich these learning processes. One of the most important things the trainer will do is increase participant confidence and self esteem while facilitating the development of skill and knowledge.

Structure of the *Essentials* Curriculum Manual

Essentials consists of 10 modules:

- Introduction and Orientation to the Program
- Observation Skills
- Decision Making
- Listening and Speaking
- Giving Directions to Residents
- Making Oral Reports
- Reading on the Job
- Form Documentation
- Writing Logs and Reports
- Final Assessment and Action Planning

An initial skimming of the manual in the order in which these modules appear will provide an overall sense of the scope and direction of the content. **Introduction and Orientation to the Program** establishes the program objectives and sets the tone for the full week of training. The next eight modules (see list above) develop the actual workplace literacy skills identified as being directly related to the job of the direct care worker. These modules use materials and activities contextualized to the job and the workplace of the DFY YDA in a sequential progress designed to build skill and knowledge in an integrated manner. The concluding module, **Final Assessment and Action Planning**, assists the training participants in establishing goals to continue their professional development beyond the foundation that was established in *Essentials*.

Each module is consistently divided into seven sections to facilitate understanding of the module and the entire curriculum as well as to enhance ease of instruction and learning:

- Design Cover Sheet
- Preparation Cover Sheet
- Presentation Overview
- Presentation Guide for the Trainer
- Flip Chart Masters
- Supplemental Notes and Materials for the Trainer
- Participant's Materials

This structure helps the trainer because each section serves a specific purpose to assist in delivering the curriculum.

Immediately after the module title page is the **Design Cover Sheet**. This gives an overview of the module design, including its title, purpose, methods, performance objectives and evaluation procedures. The **Preparation Cover Sheet** then lists the equipment and supplies required, the media support, if any, the necessary participant materials and handouts, the instructor's materials and preparation steps, and options or variations in delivery. The **Presentation Overview** lists the module's activity titles, the method of delivery, the purpose, and the estimated time the activity will take along with a total estimated time for the entire module. Following these overview sheets is the detailed **Presentation Guide for the Trainer**, a comprehensive and detailed step-by- step guide for the delivery of the module activities. Each module also includes a copy of the **Flip Chart Masters** and the section, **Supplemental Notes and Materials for the Trainer**, which provides additional information and resources to enhance the trainer's understanding of each module's materials and objectives. A **Participant's Materials section provides** the complete packet of the materials that each participant should receive during the delivery of the program; it may be photocopied with the permission of Rockefeller College (518) 442-5422.

Additional Materials

The *Essential Communication and Documentation Skills* videotape was created to be used with the curriculum for the assessment process and for the observation and decision making processes. This tape is available from Rockefeller College to agencies who plan to implement this curriculum.

For the **Reading and Form Documentation** Modules, *Essentials* uses forms that are completed on a regular basis in facilities and NYS DFY policies. These materials appear in the *Essentials* curriculum in the section **Additional Materials**. The instructional process will work best if these readings and forms are provided in separately bound (or stapled) versions. The agency implementing the curriculum should select similar readings and forms from their own workplace.

Two additional resources supplement the *Essentials* learning program. The first, the ***Guide to Contextualized Workplace Tutoring***, a guide for Literacy Volunteers of America - New York State volunteer tutors is available to assist these tutors in developing contextualized tutoring activities for trainees who complete the *Essentials* curriculum and are in need of further educational assistance. This resource is provided to local LVA affiliates through the New York State Governor's Office of Employee Relations - Project REACH. If at the conclusion of Day 5 a participant chooses to access supplementary individualized tutoring, NYSDFY has set up a relationship with REACH and a process with LVA for the employee to receive tutoring on the job. The second resource, the ***Affiliate Administrator's Guide***, is for the LVA Affiliate Administrator to operate the tutoring component. These are both available through the Rockefeller College Workplace Literacy Program. Other organizations outside of NYS DFY may find these two resources valuable if they are interested in using the services of their local LVA affiliate.

Assessment

In *Essentials*, assessment is considered part of the instructional process and incorporates learner involvement. In addition, just as the instructional content and learning activities are drawn from the workplace context, assessment is conducted by doing tasks that direct care workers actually do on a daily basis at work. Five types of assessment processes are used in *Essentials*.

Pre and Post Assessment - These formal assessments simulate the way in which YDAs apply literacy skills on the job and are conducted prior to and at the conclusion of the week of instruction. For both assessments, participants watch a video cutting of an incident involving youth in a DFY residential facility that would require them to write a formal report. Based on that incident, participants are directed to perform six tasks. They:

- Write notes on what they observed.
- Write the decision that they would make for addressing the situation.
- Write a log entry about the incident.
- Write a formal report about the incident.
- Read a passage of DFY policy related to the incident, take notes to help them recall the content, and write a summary of the information in their own words.
- Complete a questionnaire to illustrate their understanding of important oral communication components.

The results of the assessments produce a measure of the YDAs' basic skills in completing job tasks. The pre-assessment can determine a focus for training activity during the week; the post-assessment will illustrate the participant's growth as a result of training and provides a valuable tool for self instruction.

Self-Assessment - In keeping with the emphasis on helping YDAs be self-directed learners, participants assess their own learning throughout *Essentials*. They apply checklists to evaluate how well they have done on communication activities, they assess their need for applying reading strategies, and they assess their own writing. In addition, at the end of each module, they assess what they have learned from the module and in what ways they need to improve. The trainer's role is to facilitate this self assessment and encourage objectivity.

Trainer Assessment - Throughout *Essentials*, trainers observe and give input on participants' progress in learning the basic skills, and they offer suggestions on how that learning can continue back on the job. In individual conferences on the last day of training, trainers discuss the assessments with participants and help them apply the results in developing their Individual Development Plans. To become proficient in this process is challenging and rewarding. The trainer should keep in the forefront the principle that the participant is responsible for the learning and avoid any value-laden and judgmental comments or reactions. The trainer should consciously place the responsibility for the final assessment on the participant.

Peer Assessment - Participants have several opportunities to give feedback to and receive feedback from their peers during the 40 hours of *Essentials*. This peer assessment encourages teamwork and builds critical thinking skills. It also provides an opportunity for YDAs to practice the feedback skills they need for communicating effectively with resident youth and with co-workers. As part of the peer assessment, YDAs learn how to constructively use feedback that is given to them rather than reacting to it in a defensive manner. The trainer, again, will need to facilitate this process.

Portfolio Assessment - As part of the ongoing assessment process, participants build individual portfolios, called Personal Progress Portfolios, of the work they have done during the training. Learners select samples of their work which reflect the various areas covered in the training and which show the progress they have made in these areas. Trainers monitor the collection of portfolio items and encourage participation.

In *Essentials*, assessment is woven into the curriculum. The assessment processes are designed to address the varying learning styles that the participants bring to their jobs and are in sync with the instructional philosophy and learning processes of the overall training program. The trainer needs to familiarize him/herself with all the processes used and examine the curriculum guide to identify opportunities for application.

Logistics

Time - *Essentials* is best held during the regular 8-hour work day. The times given in the curriculum manual for activities and modules are fairly true to real time of accomplishment. Times, however, will vary depending upon the number of participants since many activities are dependent upon participant interaction.

Numbers - Suggested numbers of participants are included in the **Design Cover Sheet.** As suggested, it is best to keep the size of training groups down to 20. Suggested numbers for breakout groups are given. It is important to follow these suggestions.

Space - The training room should have enough room for the 20 participants to develop and act out the skits and role plays and to break into small groups for activities. Having a second space is very helpful but not absolutely necessary as long as the main training space is large enough to allow for ease of movement and separation of participants. Tables, as well as chairs, are necessary since the participants do a considerable amount of writing and need good writing surfaces. This is especially important during the pre-and post-training assessment activities, during the Individual Development Plan development, and for the writing module. Since *Essentials* is conducted for five consecutive days, rearranging the space and participants periodically will help keep energy and interest high.

Other - Detailed information regarding materials, equipment, audiovisual aids, handouts, etc. are provided in each modules' **Preparation Cover Sheet**.

Preparing Yourself for Training: A Final Word

The *Essentials* curriculum manual is fairly self-explanatory. You can best prepare yourself to provide quality, contextualized training for the NYS DFY YDA or other direct care worker at a juvenile justice facility if you:

- Thoroughly review the trainer preparation sections of the manual: the **Design Preparation Sheet**, the **Presentation Overview** and the **Presentation Guide**, and the **Supplemental Notes for the Trainer**.
- Thoroughly review the audiovisual materials and the Participants' Materials, including the participants' supplemental readings and forms.
- Explore the ways in which day one and day five contribute to the training goals for the week, the pre-and post-assessments, the Personal Progress Portfolio, the Individual Development Plan, and the self-instructional learning assessments.
- If possible, take an in-service training of trainers program offered through the Rockefeller College Workplace Literacy Program, which educates the trainer on the instructional techniques and approaches in *Essentials*.
- Practice some of the activities in each module with a population similar to the YDA population.

We wish you success in your training assignment. We will continue to be available for any discussion or questions you may have in the process.

The Staff of the New York State
Division for Youth
Bureau of Staff Development and
Training
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MODULE

FORM DOCUMENTATION

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DESIGN COVER SHEET - OVERVIEW

For Module: Form Documentation

Module/Workshop Title:	Form Documentation	**#:**
Course Title:	EssentialCommunication and Documentation Skills	**#:**
Prepared by:	Staff of Rockefeller College, University at Albany, SUNY in collaboration with staff of the New York State Division for Youth	**Date:** July 1994
Purpose/Goal:	To develop proficiency in a process that will enable staff to become more competent in completing and interpreting forms	
Suggested Presenter(s):	DFY Staff and/or Adult Basic Education Instructors who have completed the *Essentials' Training of Trainers*	

Total Time:

1.5 hour(s)

Suggested Schedule:

P. M. Day 3

Target Population/Qualifications:

Direct Service Workers who have completed Pre-Service and BIS 1

Number of Participants:

8 - 24 maximum

Methods Used:

- Trainer presentation
- Guided discussion
- Individual, small and large group skill building activities

Performance Objectives:

Upon completion of this module participants will be able to :

- Identify some of the most common DFY forms and their respective parts
- Accurately complete one or more DFY forms
- Increase proficiency and comfort level for getting information from and completing forms
- Apply the skills of form processing on the job

Evaluation Procedures:

- In-session instructor observation and assessment of task accomplishment
- Pre / Post training assessment experience
- Portfolio building: Form Checklist
  Summary and Closure

DESIGN COVER SHEET - PREPARATION

For Module:
Form Documentation

Physical Setting: (e.g. room size, furniture arrangement)

Room should be large enough to accommodate 8 - 24 participants plus instructors; chairs should be movable to reconfigure for group and individual activity; tables should be available for writing activities; room should have capability of showing a group role play to the entire training group.

Equipment and Supplies:

#	Item
x	easel/newsprint
x	markers
x	masking tape
x	notepads
x	pens/pencils
	name tags/tents
	training records
	other

Multi Media Support:

#	Item
	VCR/monitor (type:)
	videotape (length:)
	camcorder (video camera)
	16 mm. projector
	film (length)
	screen
	other

Student Materials/Handouts: (title, number needed of each)

Section 1 - Participant Packet, including the following handouts:

1. Form Documentation - A Guide List (2)
2. Youth Transport Record - blank (2 p)
3. Youth Transfer Scenario
4. Youth Transfer Policy - Reading 6 from Reference Materials from Reading Module
5. Summary and Closure

Section 2 - Packets A-E to be given out and then collected after being used

Packets A-E include additional DFY Forms, at least four for each group, such as the following: Conduct Event Report, Major Rule Violation, Fire Safety Inspection Checklist, AWOL Checklist, Youth Allowance Record, Counseling Attendance Form, Purchase Request

Instructor Materials/Preparation: (e.g. prepare visuals, prearrange groupings)

Prepare flip charts:
- AV 1: What Staff Reads and Why - from Reading Module
- AV 2: Module Objectives
- AV 3: Skimming Techniques - from Reading Module
- AV 4: Scanning Techniques - from Reading Module
- AV 5: Completed Youth Transfer Record

Familiarize yourself with Form Documentation Guide sheet
Familiarize yourself with the DFY policy Control of Youth During Transfer 3247.04
Prepare participant packets
Select additional DFY forms for small group analysis of forms

Options/Variations:

Facility specific forms could be used for the "Assessing DFY Forms" Activity (in place of Section 2 A-E packets) if training is primarily for a single facility. Additional forms can be completed as part of this module. Three are in the Trainer's Supplemental Notes with Scenarios included.

1. Room Confinement Report (3 forms: Room Confinement, Mechanical Restraint and Visual Observation Check
2. Vehicle Cost Record
3. Medications 3243.31

References:

Powers, Christine. Form Training, Girls Home, Syracuse, NY

PRESENTATION OVERVIEW

For Module:
Form Documentation

Time Presenter	Activity Title/Method/Purpose
5 minutes	**Introduction to Module** *Trainer presentation with participant input* To provide an overview of the module
15 minutes	**Developing Skills for Approaching Form Documentation** *Trainer led discussion* To develop an approach to interpret all DFY forms
30 minutes	**Applying Form Documentation Skills** *Trainer led discussion; individual skill building activity* To look at a specific form using the generic approach
15 minutes	**Completing the Youth Transfer Record** *Small group activity* To provide an opportunity for staff to complete a division-wide DFY form using the form completion skills presented
10 minutes	**Form Documentation and DFY Policy** *Trainer guided discussion* To familiarize staff with the relationship between form documentation and DFY policy
30 minutes	**Assessing DFY Forms** *Small group activity and large group sharing* To provide an opportunity for staff to develop their skills in interpreting DFY Division wide or facility forms
5 minutes	**Summary and Closure** *Trainer presentation; large group discussion* To provide an opportunity for staff to evaluate what they have accomplished in this module
Total Time	**1.5 hours**

PRESENTATION GUIDE FOR THE TRAINER

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PRESENTATION GUIDE

For Module:
Form Documentation

Time Presenter	Activity Guidelines	Materials
5 minutes	**Introduction to Module** *Trainer presentation with participant input*	
	Have participants refer to their brainstormed lists (posted on the wall): " What Staff Reads and Why," from the Reading Module, and ask a member of each group to underline which of the items listed are forms. After noting what was underlined, note that a lot of work at DFY involves forms: filling them out and reading them. Ask participants if they spend more time reading forms for information or completing them. Note that trainers recognize that staff fill out plenty of forms all over the state, and that few are the same. Forms change from facility to facility. What staff need is a way to tackle all forms. And that is what we hope to do in this module: provide a method to demystify forms: generic, transferable skills that can help them deal with whatever form is given to them.	AV 1: Newsprint: From Reading Module, What Staff Reads and Why
	Show AV 2 and briefly discuss the module objectives.	AV 2: Module Objectives
15 minutes	**Developing Skills for Approaching Form Documentation** *Trainer led discussion*	
	Ask participants to tell you what most people do when they fill out forms. (Start at the top and plow through.) Suggest that this is an inefficient method and that there is a better way. (Skim the form and see what it is about; check out the sections.)	
	Tell participants that they will approach form documentation using the skimming and scanning skills they developed in the previous module. Show AV 3. (This is the same as AV 4 from the Reading module.) Go over the skimming steps listed, and indicate how participants can use those skimming steps when they first pick up a form. A form is a more condensed type of reading, obviously, then a policy manual for instance.	AV 3: Skimming Techniques

Time Presenter	Activity Guidelines	Materials
	Trainer led discussion Have participants skim Handout 1 to determine its overall contents. Refer to section A of the Guide List and ask: How does this information help you to get the "big picture." Explain that forms are organized to ask you to handle information in a variety of ways. Indicate that this checklist will be their guide to analyze the organization of some DFY forms. They will use some of the reading skills practiced in the reading module. Then discuss section B and ask how they would find the information to answer the questions. Accept volunteered answers and then explain that we will use this checklist together for the first form they will fill out.	Participant Materials, Section 1 Handout 1: Form Documentation, A Guide List
30 minutes	**Applying Form Documentation Skills** Indicate to participants that the process they will go through is a generic process to use before completing a form. It will help with Form Documentation. Tell participants that the form they will work on is the Youth Transfer Record. Most participants will not have had experience with this form. (If any have used this form, have those YDAs be in individual groups for the small group activity of completing the Youth Transfer Record.) Have the participants individually follow a Guide List for the Youth Transfer Record as the group discovers and discusses the answers to the questions. Have participants first skim over the form to get an overall picture of the content. Then have each complete a Guide List. Be sure that participants note the instructions on the back of the Youth Transfer Record (which is a second sheet for photocopying purposes) as well as on the form itself. To summarize, ask them to explain how they answered the items on the Guide List.	Handout 2: Youth Transfer Record, blank Handout 1: A Guide List
15 minutes	**Completing the Youth Transfer Record** *Small group activity* Have participants take out Handout 3: "Youth Transfer Scenario." Individually or in small groups, using the scenario, have participants complete the *Youth Transfer Record* form. Each staff should complete a form. Allow 10 to 15 minutes. Have them check their completed form with each other and then against a completed form on AV 5. Summarize the activity by asking participants how they completed the form.	Handout 3: Activity: Youth Transfer Scenario AV 5: completed Youth Transfer Record

Time Presenter	Activity Guidelines	Materials
10 minutes	**Form Documentation and DFY Policy** Have participants refer to DFY Policy on Youth Transport from the Reading Module. (Reading 6 from the Section 2 Reference materials in the Reading Module.) In the large group, guide participants through the following, noting that policy can govern the use of some forms. Indicate that you would like participants to scan this policy for specific information. Quickly review AV 4: Scanning Techniques. Then have participants scan the Policy Manual Section "Control of Youth During Vehicular Transport" to locate information on completing the *Youth Transfer Record.* Ask what key words they might use (*Youth Transfer Record).* When the correct section is found (D 9 on page 5 of 12): 1. Have participants read the four paragraphs, one at a time. 2. Ask for the *main idea* of each paragraph. The main ideas are: a. Paragraph 1 - Each time a youth is transported a form must be completed. b. Paragraph 2 - Two signatures are needed; one from the releasing unit, one from the receiving unit. The senior transporting agent arranges for those. c. Paragraph 3 -The DFY person in charge of the escort completes: . circumstances of transfer, including type of transfer . a commentary on conditions during transfer d. Paragraph 4- The senior escort staff person arranges for four copies of the Youth Transfer Record for: releasing unit, receiving unit, Bureau of Classification and Movement and, escort staff. Summarize with the statement that oftentimes there are policies - DFY or facility - that can help you with information on forms.	Reading 6: Control of Youth During Vehicular Transport AV 4: Scanning Techniques

Time Presenter	Activity Guidelines	Materials
30 minutes	**Assessing DFY Forms** Have participants refer to Handout 1 again. Indicate that they will use this to guide them in analyzing some typical DFY forms. In small groups have participants use the Guide List to analyze four DFY Division wide or facility forms. The group should discuss each form together and fill out a worksheet on each form. Each group member should have a turn to complete a worksheet while the rest of the group gives the information. Ask each group to choose one of the forms and decide what they feel would be most helpful for the large group to know about that form, if a YDA needed to complete that form back on the job. *If there is time*, each small group should choose a spokesperson to report that information to the large group. After 20 minutes invite spokespersons to make their brief presentations to the large group. Ask participants to put the completed Guide List into their portfolios.	Handout 1: Form Documentation: A Guide List Participant Materials, Section 2, Packets a-e: DFY forms - blank, packets of 4 for each group; they should be different for all groups and as facility specific for the trainees as possible. Examples: Conduct Event Report, Major Rule Violation, Fire Safety Inspection Checklist, AWOL Checklist
5 minutes	**Summary and Closure** Ask participants if they will feel more confident when facing another DFY form. Indicate that the major problems with form documentation, once the forms themselves are understood, will be *accuracy* and *legibility*. Did we meet the objectives of the module? Refer to the flip chart. Prepare participants for the following day. Have them complete Handout 5 and place in their Personal Progress Portfolio.	AV 1: Module Objectives Handout 5: Summary and Closure
Total Time	1.5 hours	

FLIP CHART MASTERS

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Newsprint from Reading Module
What a YDA Reads and Why

==========

Module Objectives

- Identify some of the most common DFY forms and their parts
- Accurately complete one or more DFY forms
- Increase the proficiency and comfort level getting information from and completing forms
- Apply the skills of form processing on the job

Skimming Techniques

To get an overall idea of content

1. Read titles, information boxes, and any other information at the beginning of the material.
2. Read section headings to get an idea of what information is included and how it is organized.
3. Look at the first and last paragraphs.
4. Read the summary, if there is one.

Scanning Techniques

To find specific information quickly

1. Decide what information you need.
2. Decide what key word(s) you will look for.
3. Move your eyes quickly down the page, looking for the key word(s).

** * Hint: Use your finger or a pointer to help focus and guide your eyes.* **

Completed Youth Transfer Record

NEW YORK STATE EXECUTIVE DEPARTMENT
DIVISION FOR YOUTH

YOUTH TRANSFER RECORD

NAME OF YOUTH: Brown (Last) James (First) I (M.I.) CASE NUMBER: 136181C

RELEASING OFFICIAL: George Smith (Signature) Facility Director (Title) 8122 (Badge/ID number)

RELEASING ORGANIZATION: Lowland Facility (Name of Police Department/Volunteer Agency/DFY or Detention Facility)

RELEASED: 3/1/94 (Date) AT: 2:00 (Time) ☐ am ☒ pm.

CIRCUMSTANCES OF TRANSFER –

This transfer is: ☐ Into DFY custody. (Check one) ☒ Within DFY custody. ☐ Out of DFY custody.

☐ Other (specify) _____

Form of transport or delivery: ☐ Automobile ☒ Van or Bus

☐ Public transport (Specify type) _____

☐ Other (specify) _____

Mechanical restraints used: ☒ No ☐ Yes. If Yes, Complete the following –

Restraint based on risk determined by DFY Client Classification and Movement System: ☐ Yes ☐ No.

Other reason for restraint: _____

CONDITION OR BEHAVIOR OF YOUTH WHILE IN TRANSPORT (Comment if applicable):

Resident Brown followed directions and talked about what he thought living in a community residence would be like.

RECEIVING OFFICIAL: Juanita Adams (Signature) Senior YDC (Title) 4342 (Badge/ID number)

RECEIVING ORGANIZATION: Community Group Home, Albany (Name of Police Department/Volunteer Agency/DFY or Detention Facility)

RECEIVED: 3/1/94 (Date) AT: 4:15 (Time) ☐ am ☒ pm.

DFY TRANSPORT AGENT/ESCORT: _____ (Signature)

_____ (Name) _____ (Title) _____ (Badge/ID number)

DISTRIBUTION: White – Receiving Organization/Unit; Yellow – DFY Bureau of Classification and Movement; Pink – DFY Transportation Agent/Escort; Goldenrod – Releasing Organization/Unit (At time of release)

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SUPPLEMENTAL NOTES AND MATERIALS FOR THE TRAINER

ACTIVITY: Room Confinement, Mechanical Restraint and Visual Observation Check

Directions:

1. Read the following scenario. Make up any additional details necessary to write a complete Room Confinement Report. A Room Confinement Report has three parts:

    a. room confinement report

    b. mechanical restraint report

    c. visitors to youth in room confinement and visual observation checks

2. Use the Communication Guide as a reference.

In Lowland Facility, Resident Frank Smith was playing cards with Resident James Washington at 12: 30 p.m., Sunday March 13, 1994.

Resident Smith jumped up and called Resident Washington an asshole.

Resident Washington retaliated by jumping up and moving toward Resident Smith, yelling, "I'll fuck you up; I'll get you, you fucker."

YDA Mike Jones moved to separate the two residents.

Resident Washington continued yelling at Resident Smith, " I'll fuck you up," and moving toward Resident Smith.

YDA Mike Jones held Resident Washington to keep the two youths separated.

Resident Washington tried to swing at Resident Smith. YDA Sam Williams then assisted YDA Jones in restraining Resident Washington. Washington began thrashing his arms, breathing heavily and getting louder yelling, "I'll get that fuck, get off me you fuckers." Resident Washington would not calm down and refused to go to his room. Staff felt Resident Washington was out of control and a danger to himself and others.

YDC Anthony Hopkins authorized mechanical restraints and room confinement.

Handcuffs were applied to Resident Washington by YDA Jones and Washington was placed in his room for confinement.

Resident Washington was in the mechanical restraint for 15 minutes. He calmed down but refused to be counseled. He was observed every 15 minutes (after the handcuffs were removed) for 1 hour and 45 minutes. Resident Washington then responded to a life space interview.

State of New York
DIVISION FOR YOUTH
Form DFY-761 (Front) (Rev. 7/87)

ROOM CONFINEMENT REPORT
MECHANICAL/MEDICAL RESTRAINTS REPORT (ON REVERSE)

SEE INSTRUCTIONS AND DISTRIBUTION ON REVERSE

Please type or use a black ball point pen to complete this Form.

FACILITY: _____ **YOUTH:** _____ _____ _____ _____
Name Name Date Of Birth Case Number

REASON FOR ROOM CONFINEMENT (Describe in specific terms the incident or incidents which resulted in placement in Room Confinement. Use an additional sheet, if necessary.)

PLACE OF CONFINEMENT (Check all applicable): ☐ Youths' own room ☐ Special security room

☐ Other (Describe briefly) _____

- The following items are required to be present in the place of confinement, unless they are detrimental to the youth or others. However, the place of confinement shall be furnished with a mattress and chair at all times. Check if absent:

☐ Bed ☐ Mattress ☐ Pillow ☐ Sheet ☐ Blanket ☐ Chair ☐ Desk or Chest

If any of the above items were absent, give reason for absence

☐ Check if all of the above items were present.

- Were meals served to the youth in room confinement identical in both quality and quantity to those served to the general population, in accordance with the menu for the day? ☐ Yes ☐ No. If No, Explain why not:

- Were reading materials provided as required by regulation and DFY Policy?: ☐ Yes ☐ No. If No, Explain why not:

- Were at least 30 minutes per day of recreation and excercise provided, as required by regulation and DFY Policy?
☐ Yes ☐ No. If No, Explain why not:

DURATION-- Placed: _____ _____ am pm Released: _____ _____ am pm
Date Time Date Time

Time separated from program: _____ Time actually confined to room*: _____
Total Hours Total Hours

*NOTE: In computing 'Time actually confined to room', deduct only significant periods of time from 'Time separated from program' spent outside of the confinement room, such as recreation periods.

ROOM CONFINEMENT REQUESTED BY: _____ _____ _____
Name Title Date

ROOM CONFINEMENT AUTHORIZED BY: _____ _____ _____
Signature Title Date

VISITORS TO YOUTH IN ROOM CONFINEMENT AND VISUAL OBSERVATION CHECKS: A copy of Form DFY-763 must be posted on the door of the confinement room for each 24-hour period of confinement.

BEST COPY AVAILABLE

Form DFY-781 (Reverse)

INSTRUCTIONS

1. Each instance of room confinement and the use of mechanical or medical restraints shall be recorded on this form and maintained in a separate file for each type of restraint--room confinement, mechanical, and medical.
2. Facility Directors must report each instance of room confinement lasting more than 1 hour, and each instance of mechanical or medical restraint, to a person designated by the Deputy Director for Residential Services. For medical restraint, a copy of the report must be submitted to the Office of Health Services in Central Office.
3. This Report is to be submitted on a weekly basis.
4. For the purposes of this Report, a week begins on Monday and ends on Sunday. The Reports are to be submitted on or before Tuesday of the following week.
5. Distribution--Five copies: Facility file; Middle Management (2); Office of the Deputy Director for Residential Services; Facility Ombudsman. NOTE: If medical restraint is used, an additional copy should be sent to the Office of Health Services, C O.

MECHANICAL OR MEDICAL RESTRAINT REPORT

FACILITY: _____ **YOUTH:** _____ |_|_|_|_|_|_| |_|_|_|_|_|_|_|
Name Name Date Of Birth Case Number

REASON(S) FOR USE-- Describe in precise terms the circumstances which resulted in the use of the restraint(s).

TYPE OF RESTRAINT: ☐ Mechanical ☐ Medical.

MECHANICAL RESTRAINT-- Method Used: ☐ Handcuffs ☐ Footcuffs ☐ Both

Applied: |_|_|_|_|_|_| _____ **Removed:** |_|_|_|_|_|_| _____ **Total Time In Restraints:** _____
Date Time Date Time Minutes

Restraint Authorized By: _____ _____
Name Title

Restraint Applied By: _____ _____
Name Title

MEDICAL RESTRAINT-- Medication Used: _____

Dosage: _____ **Administered:** |_|_|_|_|_|_| _____
Date Time

Route Of Administration: ☐ Oral ☐ Intramuscular

Authorizing Physician: _____
Name

Medication Administered By: _____ _____
Name Title

State of New York
DIVISION FOR YOUTH
Form DFY-763 (Rev. 7/87)

VISITORS TO YOUTH IN ROOM CONFINEMENT AND VISUAL OBSERVATION CHECKS

YOUTH: _____ DATE: _____
Name

FACILITY: _____
Name

Section 168.2 of the Regulations for the New York State Division for Youth and DFY Policy Item 2247.15 define a visit as an actual entry into, or removal of the youth from, the room of confinement, for the purpose of discussion or counseling. A youth shall be visited at least once each shift by members of both the administrative and child care staff (except during sleeping hours), and at least once each day by counseling and medical staff members. (Staff are encouraged to exceed these minimum requirements.)

A visit shall not include routine visual observation checks through the door or window of the confinement room. However, visual observation checks shall also be recorded on this form, as follows: A visual check of the youth shall be made at least every 15 minutes. The time of the check and the initials of the observer shall be recorded, and the abbreviation VOC (for 'Visual Observation Check') shall be entered under 'PURPOSE'.

NAME OF VISITOR	TITLE	TIME OF VISIT From	To	PURPOSE	REMARKS

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State of New York
DIVISION FOR YOUTH
Form DFY-781 (Front) (Rev. 7/87)

ROOM CONFINEMENT REPORT
MECHANICAL/MEDICAL RESTRAINTS REPORT (ON REVERSE)

SEE INSTRUCTIONS AND DISTRIBUTION ON REVERSE

Please type or use a black ball point pen to complete this Form.

FACILITY: Lowland (Name) YOUTH: James Washington (Name) 0,7|0,4|7,8 (Date Of Birth) 0,2,4,6,5,1 (Case Number)

REASON FOR ROOM CONFINEMENT (Describe in specific terms the incident or incidents which resulted in placement in Room Confinement. Use an additional sheet, if necessary.) While playing cards, Resident Frank Smith jumped up and called Resident James Washington an asshole. Resident Washington then jumped up, moved toward Smith and yelled, "I'll fuck you up. I'll get you, you fucker." YDA Mike Jones moved to separate the two residents, but (see attached)

PLACE OF CONFINEMENT (Check all applicable) ☒ Youths' own room ☐ Special security room

☐ Other (Describe briefly) _____

- The following items are required to be present in the place of confinement, unless they are detrimental to the youth or others. However, the place of confinement shall be furnished with a mattress and chair at all times. Check if absent:

☐ Bed ☐ Mattress ☐ Pillow ☐ Sheet ☐ Blanket ☐ Chair ☐ Desk or Chest

If any of the above items were absent, give reason for absence

☒ Check if all of the above items were present.

- Were meals served to the youth in room confinement identical in both quality and quantity to those served to the general population, in accordance with the menu for the day? ☐ Yes ☒ No. If No, Explain why not: No meals were served; resident was not confined during meal time.

- Were reading materials provided as required by regulation and DFY Policy? ☐ Yes ☒ No. If No, Explain why not: Resident refused reading materials

- Were at least 30 minutes per day of recreation and excercise provided, as required by regulation and DFY Policy? ☐ Yes ☒ No. If No, Explain why not: Resident was confined only 1 hour 45 minuts; Rec periods were not missed

DURATION-- Placed: 3/13/94 (Date) 1:00 (Time) am (pm) Released: 3/13/94 (Date) 2:45 (Time) am (pm)

Time separated from program: 1 hour 45 min. (Total Hours) Time actually confined to room*: 1 hour 45 minuts (Total Hours)

*NOTE: In computing 'Time actually confined to room', deduct only significant periods of time from 'Time separated from program' spent outside of the confinement room, such as recreation periods.

ROOM CONFINEMENT REQUESTED BY: Mike Jones (Name) YDA II (Title) 3/13/94 (Date)

ROOM CONFINEMENT AUTHORIZED BY: Anthony Hopkins (Signature) YDC (Title) 3/13/94 (Date)

VISITORS TO YOUTH IN ROOM CONFINEMENT AND VISUAL OBSERVATION CHECKS: A copy of Form DFY-763 must be posted on the door of the confinement room for each 24-hour period of confinement.

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Resident Washington continued moving toward Resident Smith yelling, "I'll fuck you up." VDA Jones held Washington but Washington tried to swing at Resident Smith. VDA Sam Williams then assisted VDA Jones in restraining Resident Washington. During the restraint, Resident Washington began thrashing his arms, breathing heavily and yelling louder. Because he would not calm down and he refused to go to his room, staff felt he was out of control and a danger to himself and others. VDC Anthony Hopkins authorized mechanical restraints and room confinement.

Form DFY-781 (Reverse)

INSTRUCTIONS

1. Each instance of room confinement and the use of mechanical or medical restraints shall be recorded on this form and maintained in a separate file for each type of restraint--room confinement, mechanical, and medical.
2. Facility Directors must report each instance of room confinement lasting more than 1 hour, and each instance of mechanical or medical restraint, to a person designated by the Deputy Director for Residential Services. For medical restraint, a copy of the report must be submitted to the Office of Health Services in Central Office.
3. This Report is to be submitted on a weekly basis.
4. For the purposes of this Report, a week begins on Monday and ends on Sunday. The Reports are to be submitted on or before Tuesday of the following week.
5. Distribution--Five copies. Facility file, Middle Management (2), Office of the Deputy Director for Residential Services, Facility Ombudsman. NOTE: If medical restraint is used, an additional copy should be sent to the Office of Health Services, C. O.

MECHANICAL OR MEDICAL RESTRAINT REPORT

FACILITY: Lowland (Name) YOUTH: James Washington (Name) 04/07/78 (Date Of Birth) 246311 (Case Number)

REASON(S) FOR USE-- Describe in precise terms the circumstances which resulted in the use of the restraint(s).

Resident Frank Smith and Resident James Washington had been playing cards. After Resident Smith called Resident Washington an "asshole," Resident Washington jumped up, moved toward Smith and yelled, "I'll fuck you up. I'll get you, you fucker." YDA Mike Jones tried to separate the two residents, but Resident Washington continued moving toward Resident Smith yelling, "I'll fuck you up." YDA Jones held Washington but Washington tried to take a swing at Resident Smith. YDA Sam Williams then assisted YDA Jones in restraining Resident Washington. Washington began thrashing his arms, breathing heavily and yelling louder, "I'll get that fuck; get off me you fuckers." Resident Washington would not calm down and refused to go to his room. Staff felt Washington was out of control and a danger to himself and others. YDC Anthony Hopkins authorized handcuffs and room confinement.

TYPE OF RESTRAINT: ☒ Mechanical ☐ Medical.

MECHANICAL RESTRAINT-- Method Used: ☒ Handcuffs ☐ Footcuffs ☐ Both

Applied: 03/13/94 (Date) 1:00 (Time) **Removed:** 03/13/94 (Date) 1:15 (Time) **Total Time in Restraints:** 15 min. (Minutes)

Restraint Authorized By: Anthony Hopkins (Name) YDC (Title)

Restraint Applied By: Mike Jones (Name) YDA II (Title)

MEDICAL RESTRAINT-- Medication Used: _____

Dosage: _____ **Administered:** ____ (Date) ____ (Time)

Route Of Administration: ☐ Oral ☐ Intramuscular

Authorizing Physician: _____ (Name)

Medication Administered By: _____ (Name) _____ (Title)

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State of New York
DIVISION FOR YOUTH
Form DFY-763 (Rev. 7/87)

VISITORS TO YOUTH IN ROOM CONFINEMENT AND VISUAL OBSERVATION CHECKS

YOUTH: James Washington (Name) DATE: 3/13/94

FACILITY: Lowland (Name)

Section 168.2 of the Regulations for the New York State Division for Youth and DFY Policy Item 2247.15 define a visit as an actual entry into, or removal of the youth from, the room of confinement, for the purpose of discussion or counseling. A youth shall be visited at least once each shift by members of both the administrative and child care staff (except during sleeping hours), and at least once each day by counseling and medical staff members. Staff are encouraged to exceed these minimum requirements.)

A visit shall not include routine visual observation checks through the door or window of the confinement room. However, visual observation checks shall also be recorded on this form, as follows: A visual check of the youth shall be made at least every 15 minutes. The time of the check and the initials of the observer shall be recorded, and the abbreviation 'VOC' for 'Visual Observation Check') shall be entered under 'PURPOSE'.

NAME OF VISITOR	TITLE	TIME OF VISIT From	To	PURPOSE	REMARKS
Mike Jones	YDA II	1:00pm	1:15pm	Resident Washington was placed in room confinement with hand cuffs Handcuffs at 1:15 pm	were removed
Mike Jones	YDA II	1:30pm	1:33pm	VOC Sitting on bed, facing back wall, not talking	
Mike Jones	YDA II	1145pm	1:47pm	VOC Sitting on bed, facing back wall, not talking	
Mike Jones	YDA II	2:00pm	2:02pm	VOC lying on bed, head down, eyes closed	
Mike Jones	YDA II	2:15pm	2:17pm	VOC lying on bed, face up, eyes open, not talking	
Mike Jones	YDA II	2:30pm	2:32pm	VOC Sitting	on bed
Mike Jones	YDA II	2:45pm	2:46pm	Removed from Confinement. Receptive to	counseling

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ACTIVITY: Vehicle Cost Record

Directions:

Cayuga Cottage from Lowland Facility in Lowland, NY, Agency Code: 21234, of DFY in the county of this training, has been using a DFY van to transport several new staff for training at various sites.

Use the following information and complete the Vehicle Cost Record for the first part of February, 1994.

On February 1, the odometer reading was 15,040 when YDA Jenkins put 14.2 gallons of gas in that cost $14.34. The travel was as follows. All mileage is *round trip* i.e. the miles listed are the *total miles* for each trip.

Feb	1	6 miles to Jonesville
	2	3 miles to Blytown
	3	3 miles to Blytown
	4	Vehicle not requested
	5	Vehicle not requested
	6	Vehicle not requested
	7	Repaired a seat belt
	8	6 miles to Jonesville
	9	3 miles to Blytown
	10	3 miles to Blytown
	11	Vehicle not requested
	12	Vehicle not requested
	13	Vehicle not requested
	14	Vehicle not requested
	15	17 miles to Lexington
	16	128 miles to Oakdale
	17	6 miles to Jonesville
	17	13.7 gallons of gas at $13.83

NEW YORK STATE OFFICE OF GENERAL SERVICES
VEHICLE COST RECORD

1. Month/Year	2. Vehicle No.

3. Agency Code	4. Division/Bureau	WORK LOCATION 5. Building	WORK LOCATION 6. County	7. Assigned Vehicle Overnight Location	8. Plate No.

9. Date	10. ODOMETER READING Beginning	Ending	11. Commuter Miles	12. FUEL AND OIL PURCHASE Code	Fuel in Gallons	Fuel Cost (Comm.)	Oil in Quarts	Oil Costs (Comm.)	13. MAINTENANCE Code	Auth/RO No. / No. Hours	Cost / Cost Parts	14. Destination City	15. Use Code	16. Employee Identification
17. Totals →			1				1					USE CODE SUMMARY		
			2				2					Primary	Secondary	
			3				3							
			4				4							
							5							
							Total Maintenance Costs							

18. SPECIAL PURCHASES			
Code	Auth/R.O. No.	No.	Cost

WHITE COPY — Forward to OGS with all Non Contract Repair Reports
YELLOW COPY — For local or regional use
PINK COPY — Forward to Agency Transportation Coordinator

CB 918 (8/84)

INSTRUCTIONS FOR COMPLETING CS 918
NYS OGS VEHICLE COST RECORD

A. Enter the following information for each vehicle
1. Month and year of reporting period
2. Six digit Vehicle Identification Number
3. Five digit agency code
4. Name of Division or Bureau vehicle is assigned to
5. Building of permanent home base location
6. County of permanent home base location
7. Assigned Vehicle overnight location
8. License plate number of assigned vehicle

B. Enter the following data each time the vehicle is in use: (If any purchase of fuel, oil, or services are made during use, copies of all receipts must be attached.)
9. Date vehicle is used
10. Odometer reading data
   - Odometer reading at beginning of use
   - Odometer reading at end of use
11. Commuter Miles – number of miles vehicle used for personal commuting to and from work
12. Fuel and Oil Purchases – for each purchase of fuel and/or oil enter the following:
   - Appropriate code for type of facility at which purchase was made. Codes are as follows:

CODE	TYPE OF FACILITY
1	Commercial
2	Interagency (Except Thruway Auth.)
3	Thruway Authority
4	Non-Interagency (Internal Agency)

   - Number of gallons (gas)/quarts (oil) of purchase
   - Cost of fuel and/or oil for purchases made at commercial facilities only.
13. Maintenance – for any maintenance performed on the vehicle during reporting period (including tires, batteries and accident repairs) enter the following:
   - Appropriate code for types of facility at which maintenance was performed.

CODE	TYPE OF FACILITY
1	Contract Vendor
2	OGS Repair Shop
3	Agency Repair Shop
4	Non-Contract Vendor
5	Dealer (Warranty)

   - Authorization/Repair Order Number or number of hours labor.
     - for all facilities except Agency Repair Shop (Code 3) enter authorization/repair order number obtained from Fleet Mgmt. or internal agency control.
     - for maintenance performed at Agency Repair Shop (Code 3) enter number of hours labor.
   - Cost of maintenance/repairs
     if maintenance/repairs are done at the OGS repair shop (Code 2) obtain a total cost before leaving shop.
     if maintenance/repairs are done at an Agency Repair Shop (Code 3) enter cost of parts only.
14. Destination City – Identify city of destination
15. Use Code – Indicate the use of vehicle for each entry according to the following chart: (indicate both number & letter when applicable.)

CODE	TYPE OF USE
1	Executive
2	Staff Use (Pool)
	a. Meetings
	b. Field Activity
	c. Client Transport
	d. Other
3	Staff Use (Ind. Assignment)
	a. Meetings
	b. Field Activity
	c. Other

CODE	TYPE OF USE
4	Facility Maintenance
5	Law Enforcement
	a. Patrol
	b. Investigation
	c. Administrative
6	Non-In-Use
	a. Absence
	b. Vacancy
	c. Being Repaired
	d. Weekend
	e. Not Requested

16. Employee Identification – (For Agency Use)

C. Monthly Totals

17. Enter monthly totals for the following:
   - Commuter miles
   - Fuel & Oil Purchases
     - Total for each facility type code of gallons (fuel)/quarts (oil) purchased during reporting period.
     - Total cost for purchases of commercial fuel/oil.
   - Total cost of each Facility type code for maintenance performed during reporting period and sum total of all maintenance costs – for Agency Repair Shop (Code 3) also total number of labor hours.
   - Use Code Summary – determine primary/secondary number of days used.
18. Special Purchases – Review maintenance costs for entire month to identify all tire and battery purchases and accident repairs. Indicate these purchases by entering the appropriate code from the following chart:

Code	Type of Purchase
1	Tires
2	Batteries
3	Accident Repairs

For each code entered, provide the following:
- Authorization/Repair Order Number
- Quantity Purchased
- Total Cost

(Note: These costs should have been included in overall maintenance costs of Item #13. This is a specific breakout of these costs.)

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NEW YORK STATE OFFICE OF GENE[illegible] SERVICES
VEHICLE COST RECORD

1. Month/Year: 2/94 | 2. V[illegible] No.

3. Agency Code	4. Division/Bureau	WORK LOCATION: 5. Building	6. County	7. Assigned Vehicle Overnight Location	8. Plate No.
61171	DFY	Cayuga/Lowland			

9. Date	10. ODOMETER READING Beginning	Ending	11. Commuter Miles	12. FUEL AND OIL PURCHASE Code	Fuel in Gallons	Fuel Cost (Comm.)	Oil in Quarts	Oil Costs (Comm.)	13. MAINTENANCE Code	Auth/RO No. / No. Hours	Cost / Cost Parts	14. Destination City	15. Use Code	16. Employee Identification
2/1	15,040	15,046	6	1	14.2	14.34						Jonesville	2d	
2/2	15,046	15,049	3									Blytown	2d	
2/3	15,049	15,052	3									Blytown	2d	
2/7	15,052	15,052	0						3			Lowland City	63	
2/8	15,052	15,058	6									Jonesville	2d	
2/9	15,058	15,061	3									Blytown	2d	
2/10	15,061	15,064	3									Blytown	2d	
2/15	15,064	15,081	17									Lexington	2d	
2/16	15,081	15,209	128									Oakdale	2d	
2/17	15,209	15,215	6	1	13.7	13.83						Jonesville	2d	

State of New York
DIVISION [illegible] YOUTH
Form DFY-[illegible] (Front) (7/85)

MEDICATION ADMINISTRATION RECORD

SEE REVERSE FOR DEFINITIONS AND INSTRUCTIONS

YOUTH _____ (Name) _____ (Date of Birth) _____ (Case Number) _____ (Facility)

ALLERGIES, HYPERSENSITIVITES: ☐ No. ☐ Yes. If yes, specify: _____

PRACTITIONER'S NAME:	DATE OF ORDER	DISCONTIN. DATE	DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE	
			Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.
DRUG:																						
DOSE:	DIAGNOSIS:																					
ROUTE:																						
FREQUENCY:																						
DURATION:																						

PRACTITIONER'S NAME:	DATE OF ORDER	DISCONTIN. DATE	DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE	
			Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.
DRUG:																						
DOSE:	DIAGNOSIS:																					
ROUTE:																						
FREQUENCY:																						
DURATION:																						

PRACTITIONER'S NAME:	DATE OF ORDER	DISCONTIN. DATE	DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE	
			Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.
DRUG:																						
DOSE:	DIAGNOSIS:																					
ROUTE:																						
FREQUENCY:																						
DURATION:																						

INIT.	NAME (Print)	TITLE

INIT.	NAME (Print)	TITLE

INIT.	NAME (Print)	TITLE

DE[redacted]TIONS

A. ADMINISTRATION OF MEDICATION: An act in which a single dose of a medication is given to a patient. Administration entails: removing an individual dose from a previously dispensed, properly labeled container; carefully reviewing the instructions on the container; giving the dose to the proper youth; and promptly recording the actual time given and initialing the form by the person who administered the drug.

B. ALLERGY: A hypersensitive condition acquired through exposure to a particular substance such as a food, medication (e.g.,penicillin, aspirin), pollen, dust, etc.

C. HYPERSENSITIVITY: An abnormally or excessively sensitive state in which the body reacts with an exaggerated response to a specific substance.

D. PRACTITIONER: One who has complied with the requirements and is engaged in the practice of medicine; i.e., physician, physician's assistant, or dentist.

E. DRUG: The name of the prescribed or non prescribed medication.

F. DOSE: The amount of medication to be given at each administration.

G. ROUTE: The way the medication is to be given; e.g., by mouth, topically (on the skin's surface), rectally (per suppository), or by injection.

H. FREQUENCY: The number of times the medication should be administered in a particular 24-hour period.

I. DURATION: The number of days a medication prescription is in effect.

J. DIAGNOSIS: A decision or opinion based on examination by a physician, physician's assistant or dentist.

K. DATE OF ORDER: The actual date the medication was ordered by the practitioner.

L. DISCONTIN. DATE: The date of discontinuation of the medication as prescribed by the practitioner.

M. DATE: The day of administration of the medication.

N. TIME: The actual time the medication was given. (Please be sure to specify a.m. or p.m.).

O. INIT.: The initials of the staff person who administered the drug or who supervises self-administration of the drug.

NOTE: When recording the administration of a non-prescription medication, only the name of the drug, the dose, the route, the date, the time of administration, and initials of the person administering the medication should be entered.

INSTRUCTIONS

NOTE: In these instructions, the phrase "the staff person supervising the self-administration of medications by the youth" (for Type B programs) and the phrase "the person administering the medication" (for Type A programs) are interchangeable.

A. The first time medications are administered to a particular youth by a particular staff person, the person administering/supervising the medication should sign his/her initials and print his/her name and abbreviated title in the space provided at the bottom of the form. This step is to enable the initials to be correctly matched with the staff person administering/supervising the medication. AT THE BEGINNING OF EACH DAY THE PERSON ADMINISTERING/SUPERVISING MEDICATION SHALL WRITE THE DATE UNDER THE SECTION ON THE FORM MARKED "DATE".

B. EACH TIME A YOUTH RECEIVES MEDICATION, THE PERSON ADMINISTERING/SUPERVISING THE MEDICATION SHALL ENTER THE TIME OF DAY AND HIS/HER INITIALS IN THE BOXES MARKED "TIME" AND "INIT.", RESPECTIVELY.

C. If a youth refuses to take the medication, the letters "REF" should be entered in the time column and the initials of the person attempting to administer/supervise the medication should be circled. In such situations, PPM 3243.15 governing refusal to consent to medical treatment should be consulted.

D. Medications shall not be used by any resident other than the one for whom they are issued. The resident must be known to the staff person administering/supervising the medication, or his/her identity must be verified by another staff person in cases where the youth is not known. Where there is any question about the nature of the medication, the means of administering it, its potential effects on the youth, or any other related matter, the nurse, facility director or designee will consult with the practitioner (physician, physician's assistant, or dentist) who prescribed the medication.

E. While medications listed on this form are actually being administered, this and all other "active" forms shall be maintained in a three-ring loose-leaf binder which shall constitute the "Facility Medications Log"

F. When the sheet is filled or the prescribed medication has been completely administered, the form shall be placed in the youth's permanent medical folder. If the medication has not been completely administered by the time the sheet is completed and filed, an additional form should be initiated and maintained.

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PARTICIPANT MATERIALS

FOR

FORM DOCUMENTATION

Section 1
Handouts

G:\WORKSPC\PE\LITERACY\CURRIC\CVRPGS

Form Documentation: A Guide List

A. Preview the form for:				
1. Title				
2. Instructions to complete form				
3. Signatures required				
4. Where to put/send completed form				

B. Read the form for the following:
1. Why is the form used; what is its purpose?
2. Who or what is the form about?
3. By what categories is the information on the form organized? (There can be several answers to this question. Use the section headings as a guide. Examples: by youth, unit, date, quantity, item, etc.)
4. What methods are used to record the information ? (Boxes to check, columns to record information in, blanks to fill in, space for explanations or to describe incidents, keys or codes to use, etc.)
5. When is the form used? one time only? as needed? daily? weekly? monthly?
6. Who reads it? Who fills it out?
7. What information is needed? Where does the YDA get the information?
8. Is it necessary to complete any other forms to go along with this form?

Form Documentation: A Guide List

A. Preview the form for:				
1. Title				
2. Instructions to complete form				
3. Signatures required				
4. Where to put/send completed form				

B. Read the form for the following:
1. Why is the form used; what is its purpose?
2. Who or what is the form about?
3. By what categories is the information on the form organized? (There can be several answers to this question. Use the **section headings** as a guide. Examples: by youth, unit, date, quantity, item, etc.)
4. What methods are used to record the information ? (Boxes to check, columns to record information in, blanks to fill in, space for explanations or to describe incidents, keys or codes to use, etc.)
5. When is the form used? one time only? as needed? daily? weekly? monthly?
6. Who reads it? Who fills it out?
7. What information is needed? Where does the YDA get the information?
8. Is it necessary to complete any other forms to go along with this form?

YOUTH TRANSFER RECORD

Blank

NEW YORK STATE EXECUTIVE DEPARTMENT
DIVISION FOR YOUTH

FINAL

YOUTH TRANSFER RECORD

NAME OF YOUTH: _____ (Last / First / M.I.) CASE NUMBER: _____

RELEASING OFFICIAL: _____ (Signature) _____ (Title) _____ (Badge/ID number)

RELEASING ORGANIZATION: _____ (Name of Police Department/Volunteer Agency/DFY or Detention Facility)

RELEASED: _____ (Date) AT: _____ (Time) ☐ am ☐ pm.

CIRCUMSTANCES OF TRANSFER –

This transfer is: (Check one) ☐ Into DFY custody. ☐ Within DFY custody. ☐ Out of DFY custody.

☐ Other (specify) _____

Form of transport or delivery: ☐ Automobile ☐ Van or Bus

☐ Public transport (Specify type) _____

☐ Other (specify) _____

Mechanical restraints used: ☐ No ☐ Yes. If Yes, Complete the following –

Restraint based on risk determined by DFY Client Classification and Movement System : ☐ Yes ☐ No.

Other reason for restraint: _____

_____

_____

CONDITION OR BEHAVIOR OF YOUTH WHILE IN TRANSPORT (Comment if applicable):

_____

_____

_____

_____

RECEIVING OFFICIAL: _____ (Signature) _____ (Title) _____ (Badge/ID number)

RECEIVING ORGANIZATION: _____ (Name of Police Department / Volunteer Agency/DFY or Detention Facility)

RECEIVED: _____ (Date) AT: _____ (Time) ☐ am ☐ pm.

_____

DFY TRANSPORT AGENT/ESCORT: _____ (Signature)

_____ (Name) _____ (Title) _____ (Badge/ID number)

DISTRIBUTION: White – Receiving Organization/Unit; Yellow – DFY Bureau of Classification and Movement; Pink – DFY Transportation Agent/Escort; Goldenrod – Releasing Organization/Unit (At time of release).

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Form DFY-1513 (Revised)
DRAFT 3/HELV/P--6/6/89

INSTRUCTIONS

This Form must be used whenever a youth is: Physically moved into DFY custody; physically moved out of DFY custody; or when a DFY youth is moved to a different location within DFY. It is intended to document the transportation of a youth between locations.

In addition to this Form, a Notice Of Youth Movement is required to release a youth from, or admit a youth to, DFY care and custody.

SPECIFIC ENTRIES:

NAME OF YOUTH – Insert the name that is used on the Court Order which placed the youth with DFY.

CASE NUMBER – Enter the official Division for Youth Case number.

RELEASING OFFICIAL AND ORGANIZATION – The signature of the staff person or officer in charge of the facility, institution, or unit from which the youth is being released, and the name of the releasing organization.

RELEASED (Date/Time) – Insert the exact Date and Time at which the youth is released to the Transport Agent/Escort

TRANSFER TYPE – Self-explanatory.

FORM OF TRANSPORT – If more than one type of transport is used, check Other and explain.

MECHANICAL RESTRAINTS – Indicate whether or not handcuffs and/or footcuffs were used at any time during the period the youth was being transported.
NOTE: A Secure Center placement or other high risk, as indicated by the Division Client Classification and Movement System, may be noted by checking the appropriate box

CONDITION OR BEHAVIOR OF YOUTH – These comments are optional. However, any untoward or significant behavior or incident involving the youth should be reported here by the Transfer Agent/Escort.

RECEIVING OFFICIAL AND ORGANIZATION – The signature of the staff person or officer in charge of the facility, institution, or unit to which the youth is being transferred, and the name of the accepting organization. (The absence of a Receiving Official and Organization here would indicate that a youth was being released to the community.)

RECEIVED (Date/Time) – Insert the exact Date and Time at which the youth is released by the Transport agent/Escort.

DFY TRANSPORT AGENT/ESCORT – To be completed after the youth is transferred.If the transport was conducted by a DFY staff person.

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ACTIVITY: Youth Transfer Scenario

Purpose: To gain practice using form documentation skills.

Directions: Read the scenario below and complete the Youth Transfer Record accordingly.

James I. Brown, DFY Case Number 368810, is being transferred from Lowland Facility to a community based residence. He will be brought by van to the community residence in Albany. No restraints were anticipated because James is considered to be a low-risk youth. During the trip, James followed directions without hesitation. He talked about what he thought living in a community residence would be like.

George Smith (Badge 8211), Facility Director of Lowland, arranged for James to move to the community residence. James left Lowland Facility at 2:00 pm on March 1, 1994.

Juanita Adams, Senior YDC from Community Group Home (Badge 4342), received James at 4:15 p.m. on March 1, 1994.

You, the reader, were the transport escort.

DFY POLICY

Control of Youth During Vehicular Transport
Reading 6 from Section 2 Reference Materials
in the Reading Module

ACTIVITY: Summary and Closure: Form Documentation

Purpose: To conduct a personal self assessment.

Directions: Answer the questions below in the space provided.
Place the completed form in your Personal Progress Portfolio.

---

1. **Learnings: What did I learn?**

2. **Applications: How can I apply it on the job?**

3. **Areas for improvement: What/How Can Improve?**

PARTICIPANT MATERIALS

FOR

FORM DOCUMENTATION

Section 2
Packet a

G:\WORKSP\CPE\LITERACY CURRIC CVRPGS

State of New York
DIVISION FOR YOUTH
Form DFY 4520 Rev. 11/90)

CONDUCT EVENT REPORT

DATE OF BIRTH CASE NUMBER

NAME OF YOUTH: _____ (Last / First / MI) M M D D Y Y

CURRENT FACILITY C. C. OFFICE: _____ DATE OF EVENT: M M D D Y Y

---

01 FIRE SETTING

02 ANY PHYSICAL VIOLENCE AGAINST A STAFF MEMBER ☐

03 PARTICIPATING IN, OR ABETTING, STRIKES, DISTURBANCES, OR RIOTS ☐

04 ESCAPING FROM OR FAILING TO RETURN TO CUSTODY OR AIDING ESCAPE OR NON-RETURN ☐

05 FORCIBLE OR COERCIVE SEXUAL ACTS ☐

06 ANY PHYSICAL VIOLENCE AGAINST ANY PERSON OTHER THAN A STAFF MEMBER (Excluding a mutually provoked scuffle between youths) ☐

07 USE, POSSESSION, OR MANUFACTURE OF A WEAPON OR ANY DEVICE THAT COULD BE USED AS A WEAPON, OR ANY FACSIMILE THEREOF ☐

08 USE, POSSESSION, OR PROVISION TO ANOTHER OF AN INTOXICANT (OR INTOXICANTS) ☐

09 UNAUTHORIZED USE, POSSESSION, PROCUREMENT, OR TRANSFER OF PROPERTY ☐

10 BEHAVIOR WHICH INTERFERES WITH STAFF, VOLUNTEERS, AGENTS, OR CONTRACTORS, IN THE PERFORMANCE OF THEIR DUTIES OR IN THE CONDUCT OF THEIR OFFICIAL BUSINESS ☐

11 ASSOCIATION WITH PERSONS OF KNOWN CRIMINAL BACKGROUND OR WITH PERSONS SPECIFIED BY THE DIVISION FOR YOUTH ☐

12 FAILURE TO OBEY A DAILY SCHEDULE (INCLUDING CURFEW) AS DIRECTED BY A DIVISION EMPLOYEE OR REPRESENTATIVE, OR AS STATED AS A CONDITION OF RELEASE ☐

13 FAILURE TO REPORT TO PERSONS OR PLACES AS DIRECTED BY DIVISION STAFF OR AS A CONDITION OF RELEASE ☐

14 PERSISTENT FAILURE TO ATTEND SCHOOL AND/OR TO SEEK AND ACCEPT EMPLOYMENT AND EMPLOYMENT COUNSELING SERVICES AS DIRECTED BY A DIVISION EMPLOYEE OR REPRESENTATIVE, OR AS A CONDITION OF RELEASE ☐

15 OPERATING A MOTOR VEHICLE WITHOUT A VALID DRIVER'S LICENSE AND/OR PERMISSION OF THE OWNER ☐

16 PERSISTENT FAILURE TO OBEY PARENTS OR RESPONSIBLE GUARDIANS ☐

17 BEHAVIOR, IN ADDITION TO THAT LISTED ABOVE, WHICH VIOLATES THE LAWS OF EITHER THE STATE OF NEW YORK OR THE UNITED STATES OF AMERICA ☐

UNUSUAL INCIDENT REPORT COMPLETED, if applicable: _ _-_ _ _ _-_

MOVEMENT OVERRIDE REQUESTED BY THE FACILITY DIRECTOR: ☐ Yes ☐ No

---

COMPLETED BY: _____ _____
Name of Worker Date

BEST COPY AVAILABLE

LOCATION: ☐ Facility _____ ☐ Community Care Office _____ ☐ Classification Unit, C. O.
Name Name

DISTRIBUTION: White--Statistics and Survey Unit, C. O. Yellow--Youth Case File (Conduct Section); Pink--Facility Case File

State of New York
DIVISION FOR YOUTH
Form DFY-931 (Rev. 11/89)

PURCHASE REQUEST

BUSINESS OFFICE USE
DOCUMENT NUMBER: _____

FACILITY/OFFICE: _____ (Name) COST CENTER: _____ (Number)

DEPARTMENT/UNIT: _____ (Name)

The items listed below are required at this time for the following purpose: _____

QUANTITY	UNIT	ITEM DESCRIPTION (Be as specific as possible.)	UNIT PRICE	AMOUNT

TOTAL: $

SUGGESTED VENDOR: _____ (Name)

_____ (Address)

REQUESTED BY: _____ (Name) _____ (Title) _____ (Date)

DISTRIBUTION: The Originator retains the Pink copy, and sends the White and Yellow copies to the Facility Director/Office Manager for approval.

FACILITY DIRECTOR/OFFICE MANAGER USE

☐ Approved ☐ Disapproved (Check One) BY: _____ (Signature of Facility Director/Office Manager or Designee)

DISTRIBUTION: The Facility Director/Office Manager returns both the White and Yellow copies to his or her Business Office for final processing.

BUSINESS OFFICE USE

COMPLETE IF APPLICABLE – COMMODITY GROUP: _____ CONTRACT NUMBER: _____

VENDOR: _____ (Name) _____ (Federal Identification Number)

_____ (Address (If different from above))

Originator

AWOL CHECKLIST

Facility _____ Youth's Name _____ Date of AWOL _____

Unit Manager _____ Warrant # _____ Time of AWOL _____

UPON A YOUTH'S AWOL				UPON A YOUTH'S RETURN		
Date Completed	Date	Staff Initials		Date Completed	Time	Staff Initials
			1. Verify youth's absence from building, home, community, etc.			
			2. Notify Unit Manager and/or Facility			
			3. Call Central Warrant Unit 1 800 382-4307.			
			4. Notify UIR Hotline 518 474-9140.			
			5. Call the Intake or Community Care Worker.			
			6. Notify parents or guardian of AWOL.			
			7. Complete log documentation.			
			8. Complete Unusual Incident Report.			
			9. File this form in youth's folder pending youth's return.			
			10. Pack and secure resident's belongings.			
			11. Complete UIR Follow Up Reports			

NOTE: Be sure when the youth returns the entire procedure including the warrant is cancelled. Upon verification that a resident is absent without authorized leave, the staff person making the observation shall complete this checklist.

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(2750 (Rev 12/91)
FT -12/2691

MONTHLY FACILITY, FIRE AND SAFETY STATUS REPORT DRAFT

CILITY: _____ BUILDING NUMBER: _____ DATE: _____
Name (If any) mm/yy

\DDRESS: _____

)ATE OF LAST FIRE SAFETY COMMITTEE MEETING _____ (At least quarterly)

)ATE OF LAST ANNUAL FACILITY FIRE INSPECTION _____

EMPERATURE OF HOT WATER: AT SHOWERS _____ DISHWASHER (Rinse Water) _____

'IRE EXTINGUISHERS:
AFFIXED AND READILY ACESSIBLE: ☐ Yes ☐ No. DATE OF ANNUAL INSPECTION BY VENDOR: _____

(OOD SUPPRESSION SYSTEM -- OPERATING PROPERLY: ☐ Yes ☐ No.

FILTER CLEAN OF GREASE ACCUMULATION: ☐ Yes ☐ No. DATE OF SEMI-ANNUAL VENDOR INSPECTION: _____

:MOKE/HEAT DETECTION SYSTEM -- DATE OF VISUAL INSPECTION FOR DAMAGE: _____

DATE OF LAST MAINTENANCE INSPECTION BY VENDOR: _____

IRE ALARM SYSTEM (Pull Stations and Main Panel) -- DATE OF VISUAL INSPECTION FOR DAMAGE: _____

DATE OF ANNUAL MAINTENANCE INSPECTION BY VENDOR: _____

.PRINKLER SYSTEM (If Applicable) – ☐ WATER SUPPLY VERIFIED. PRESSURE: _____ psi.

DATE OF VISUAL INSPECTION FOR DAMAGE: _____ DATE OF LAST MAINTENANCE INSPECTION BY VENDOR: _____

3E CABINETS, RACKS, AND FIRE HYDRANTS (If applicable) – MONTHLY INSPECTION DATE: _____

READILY ACCESSIBLE: ☐ Yes ☐ No. ANNUAL HOSE RERACKING: ☐ Yes. _____ Date ☐ No.

DATE OF LAST ANNUAL FLOW TEST FOR HYDRANTS: _____

MERGENCY LIGHTS AND ILLUMINATED EXIT SIGNS – CHECKED AND WORKING: ☐ Yes ☐ No.

VACUATION ROUTES POSTED· ☐ Yes ☐ No. APPROVED – ☐ Yes DATE: _____ ☐ No.

ALL RESIDENTS AND STAFF TRAINED IN EVACUATION: ☐ Yes ☐ No. ALL EXITS AND PATHS FREE OF OBSTRUCTIONS: ☐ Yes ☐ No

MERGENCY TELEPHONE NUMBERS AND PROCEDURES – POSTED NEAR ALL TELEPHONES: ☐ Yes ☐ No.

RESIDENTS AND STAFF FAMILIAR WITH PROCEDURES. ☐ Yes ☐ No

IRE DRILLS – ONE PER MONTH FOR ALL LOCATIONS

DATE	LOCATION	STARTING TIME	EVACUATION TIME Minutes	EVACUATION TIME Seconds	NUMBER OF EVACUEES Youth	NUMBER OF EVACUEES Staff	BLOCKED EXIT?
		Circle One am/pm					☐ Yes ☐ No
		Circle One am/pm					☐ Yes ☐ No

IRE SAFETY CONCERNS NEEDING ATTENTION: _____

_____

_____

IRE SAFETY OFFICER: _____ 76 _____
Signature Date

ACILITY DIRECTOR: _____ _____
Signature Date

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PARTICIPANT MATERIALS

FOR

FORM DOCUMENTATION

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NEW YORK STATE DIVISION FOR YOUTH
CENTRAL WARRANT UNIT

WARRANT INFORMATION SHEET

WARRANT # _____

TIME OF CALL_____

PLACEMENT DATE_____

FACILITY/FIELD OFFICE & LOCATION:_____

YOUTH'S NAME:(AKA, IF KNOWN):_____

DATE & TIME OF AWOL:_____

CASE # _____ DOB_____ SS# _____

PLACING OR SENTENCING COURT_____

ADJUDICATION: JO, JD 2, JD 3, PINS RACE* & SEX_____

HAIR COLOR & STYLE_____ EYE COLOR_____ HGT_____

WGT_____ SCARS OR DISTINGUISHING CHARACTERISTICS:_____
_____

YOUTH'S HOME ADDRESS:_____

DESCRIPTION OF CLOTHING:_____

ADDITIONAL INFORMATION (GIVE SPECIFIC AREAS YOUTH MAY GO, VIOLENT OR SELF-DESTRUCTIVE BEHAVIORS; SPECIAL MEDICAL OR MENTAL HEALTH PROBLEMS):
_____

TELEPHONE NUMBER FOR CWU TO CALL UPON APPREHENSION:_____

PLAN OF ACTION UPON APPREHENSION:_____
_____

REQUESTING UNIT: COMPLETED BY CWU STAFF:

NAME & TITLE_____ _____

UNIT:_____ TIME OF COMPLETION:

PHONE NUMBER:_____ _____

* THE NYSPIN SYSTEM DOES NOT ACCEPT HISPANIC AS A RACE, THEREFORE FACILITY STAFF MUST BE PREPARED TO IDENTIFY HISPANIC YOUTH IN ONE OF THE FOLLOWING RACES: WHITE, BLACK, AMERICAN INDIAN, OR ASIAN. WITHOUT THIS INFORMATION CWU IS UNABLE TO INPUT THE ENTRY.

ORIGINAL-CASE RECORD

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of School Food Management
99 Washington Avenue
Albany, New York 12230

DAILY REPORT SHEET

NATIONAL SCHOOL LUNCH
NATIONAL SCHOOL BREAKFAST
SPECIAL MILK PROGRAMS
FORM SA-603S (7/79)

(1) SPONSORING AGENCY NAME: NYS Division for Youth

(2) SPONSORING AGENCY CODE: 0 1 0 1 0 0 6 9 0 0 0 2

(3) AGREEMENT NUMBER: 7 0 0 1 2 8

(4) CLAIM PERIOD: MONTH [ ] [ ] YEAR [ ]

(5) RECIPIENT AGENCY CODE: 0 1 0 1 0 0 6 9 0 0 1 5

FACILITY NAME _____

Date	Attendance	*LUNCHES SERVED			*BREAKFASTS SERVED			Half Price Eligible Special Reimburse
		Free	Reduced Price	Full Price	Free	Reduced Price	Full Price	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTAL								

DR # _____

CANTEEN # _____

STATE SCHOOL AT INDUSTRY

CANTEEN ORDER FORM

NAME _____ COTTAGE _____
Resident Signature

AMOUNT	ITEMS	PRICE
	TOTAL	

_____ DATE _____
Coordinator/Counselor

_____ DATE _____
Resident/Merchandise Received

_____ DATE _____ POSTED _____
Business Office Approval

White copy - Business Office. Pink copy - Canteen Clerk
Yellow copy - Resident-signed copy returned to Business Office

(cof)

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FIRE DRILLS PERFORMED

Month _____

	DATE	PERSON CONDUCTING	PAPERWORK DONE	C.S.U. LOG BOOK PAGE #	COTTAGE LOG BOOK PAGE #
Shift 12 - 8					
1.					
2.					
Shift 8 - 4					
1.					
2.					
Shift 4 - 12					
1.					
2.					

PARTICIPANT MATERIALS

FOR

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State of New York
DIVISION FOR YO
Form DFY 2005 (Rev 7/90)

YOUTH ALLOW CE RECORD

FACILITY _____ UNIT: _____ WEEK OF _____

LINE NO	NAME OF YOUTH	AMOUNT EARNED Mon	Tues	Wed	Thurs	Fri	Sat	Sun	TOTAL EARNED	Deduction (Explain below)*	AMOUNT RECEIVED (Cash/Credit)	SIGNATURE OF YOUTH
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

LINE NO	*REASON FOR DEDUCTION

TOTAL:	
SUBTOTAL (Carried forward):	
UNIT GRAND TOTAL:	
FACILITY REIMBURSEMENT REQUEST	

CERTIFICATION OF PAYMENT

Signature of Unit Head

Title

Date

CERTIFICATION OF FACILITY REIMBURSEMENT REQUEST

Signature of Facility Direc

DISTRIBUTION White - Central Office Comptroller, Yellow - Central Office Finance Unit, Pink - Facility file

STANDARDIZED FACILITY CLOTHING INVENTORY

NEW YORK STATE DIVISION FOR YOUTH
- Industry State School
Resident Personal Clothing & Property Inventory Record

Staff's Name: _____

Youth's Name _____ Date: _____

Age _____ HT _____ WT _____ Admission Date _____

Please fill in size

_____Pants _____Shirt _____Shoes _____Coat

_____Jeans _____Socks _____Sneakers _____Gloves

_____T-Shirts _____Underwear _____Misc. _____Misc.

ITEM	ALLOTMENT	NUMBER	CONDITION GOOD	FAIR	POOR	NUMBER NEEDED
Sweatshirts						
Bathrobe						
Bathing Suit						
Belt (s)						
Boots						
Coat						
Gloves (prs.)						
Hat (s)						
Jacket						
Jeans						
Raincoat						
Scarves						
Shirt (s)						
Shoes (prs.)						
Shorts/Cutoffs						
Slacks (prs.)						
Slippers (prs.)						
Socks (prs.)						
Sneakers (prs.)						
T-Shirts						
Underwear						
Sweater (s)						

JEWELRY & MISCELLANEOUS ITEMS

Watch (s)	_____	Necklace (s)	_____	Hair Dryer	___	Stereo	___	Albums ___
Ring (s)	_____	Earrings	_____	Curling Iron	___	Suitcase/		Radio ___
Bracelet (s)	_____	Eyeglasses	_____	Iron	_____	Dufflebag	___	Razor ___

ITEMS PURCHSED BY N.Y.S.D.F.Y. FOR THIS YOUTH WHILE IN OUR CARE

Date	Item(s)	Purchased at	Initial of Staff	Cost

ML/trw

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State of New York
DIVISION FOR YOUTH
Form DFY 2023 (Front) (Rev. 2/88)

PERMANENT CASE CARD

NAME OF YOUTH: _____ (Last / First / M.I.) CASE NUMBER: _____

ALIAS OR NICKNAME(S): _____ NYSID NUMBER: _____ (J. O. Only)

ADDRESS: _____ (Street and Number / City / State / Zip Code / County)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

PERSONAL DATA-- Sex: ☐ M ☐ F Ethnicity: _____ Religion: _____ Eyeglasses: ☐ Yes ☐ No

Height: ___ ___" Weight: _____ lb. Eyes: _____ Hair: _____ Scars/Marks: _____

GUARDIAN: _____ (Name of person with whom youth lives) RELATIONSHIP: _____ TELEPHONE: ( ) _____ (A.C. / Number)

ADDRESS: _____ (Street and Number (If different from above) / City / State / Zip Code / County)

MOTHER: _____ (Name, address, and telephone number (If different from above))

FATHER: _____ (Name, address, and telephone number (If different from above))

COURT OR REFERRAL SOURCE: _____ DOCKET NUMBER: _____

ADDRESS: _____ (Street and Number / City / State / Zip Code / County)

JUDGE OR REFERRAL WORKER: _____ (Name) _____ (Title/Agency)

ADJUDICATION: ☐ J. O. ☐ JO/YO ☐ Restrictive J. D. ☐ J. D. III ☐ J. D. II ☐ PINS ☐ Voluntary/358A ☐ C. O. P.

OFFENSE(S): ___ _____ _____ _____ _____ _____ _____

PLACEMENT/
COMMITMENT: _____ (Date) _____ (Time) am pm INITIAL EXPIRATION: _____ (Date) EXTENDED TO: _____ (Date)

FOR COMMUNITY OFFICE USE

FACILITY: _____ (Name) COUNSELOR: _____ (Name) SUPERVISOR: _____ (Name)

ADDRESS: _____ (Street and Number / City / State / Zip Code) TELEPHONE: ( ) _____ (A.C. / Number)

FOR FACILITY USE

COMMUNITY OFFICE: _____ COUNSELOR: _____ (Name) SUPERVISOR: _____ (Name)

ADDRESS: _____ (Street and Number / City / State / Zip Code) TELEPHONE: ( ) _____ (A.C. / Number)

COMPLETE FOR JUVENILE OFFENDERS ONLY

ARREST: _____ (Date) JAIL TIME: _____ (Number of Days) PAROLE ELIGIBILITY DATE (PED): _____

MAXIMUM EXPIRATION DATE (MED): _____ INITIAL PAROLE BOARD APPEARANCE (PBA): _____ (Date)

ADDITIONAL INFORMATION:

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NEW YORK STATE DIVISION FOR YOUTH
CENTRAL NEW YORK
EVENING REPORTING CENTER
SYRACUSE

INDIVIDUAL COUNSELING SHEET

RESIDENT _____ UNIT _____

DATE _____ STAFF _____

FOCUS AREA _____

SUMMARY _____

_____

_____

_____

_____

_____

_____

_____

WEEKLY PROBLEM AREA REVIEW - PLEASE UPDATE AS NEEDED

LEGAL _____

EDUCATION _____

VOCATIONAL _____

PSYCHOLOGICAL _____

MEDICAL _____

BEHAVIOR _____

FAMILY _____

RELEASE _____

_____ RESIDENT

_____ STAFF

PARTICIPANT MATERIALS

FOR

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...ate of New York
DIVISION FOR YOUTH
...rm DFY 145 (4/84)

NEW YORK STATE DIVISION FOR YOUTH

HOME VISIT AUTHORIZATION

...e: _____ Date: _____

...cilities that you have been granted Home Visit privileges for the time and place specified below, subject to various conditions indicated on this form which are intended to protect you and the community, and ensure that the progress you have made with us is not ...ely affected by exposure to criminal elements, contraband substances or other adverse circumstances.

RELEASED FOR HOME VISIT	EXPECTED ARRIVAL	RETURN TO FACILITY
Date: ___/___/___	Date: ___/___/___	Date: ___/___/___
Time: _____ : _____ am/pm	Time: _____ : _____ am/pm	Time: _____ : _____ am/pm

During this Home Visit, you will be staying with:

Name: _____ Relationship: _____ Telephone: ___ ___ (A C) Number

Address: _____

If you encounter any difficulties, you should immediately contact your local DFY Youth Service Team or Facility:

Worker's Name: _____ Supervisor's Name: _____ Telephone: ___ ___ (A C) Number

YST Office Address: _____

[ ] During your Home Visit you should also contact the YST Office as instructed below:

Person to be Contacted	Date	Time	Place
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

...al Conditions: During your Home Visit you MUST stay with the person(s) identified above. You are prohibited from associating w... known criminals, and may NOT use any alcohol or drugs (including marijuana, cocaine, amphetamine, etc.). You must also abide by t... llowing CURFEW hours (at which time you must return to the specified residence):

Weekdays (Sunday to Thursday): _____ p.m. Weekend (Friday and Saturday): _____ p.m.

Traveling TO and FROM the Home Visit, you should abide by the following route and mode of transportation: (deviation from this route constitutes violation of conditions of the Home Visit):

_____

You must also limit your activities during the Home Visit to the following geographical boundaries:

_____

Other Special Conditions:

_____

ACCEPTANCE OF CONDITIONS

I understand that violation of any of the terms of this Home Visit may result in immediate termination of the remainder of such visit, may lead to other disciplinary actions, limits on future visits, or restriction of other privileges.

I will contact the YST Office or Facility immediately should I encounter difficulties meeting terms of this Visit (including any return travel problems).

...ture _____ Date ___ ___

Witness _____ Date ___ ___

AUTHORIZATION FOR HOME VISIT

In accordance with New York State Executive Law, the youth has been granted a Home Visit for the time and place specified above.

DFY Facility: _____

Address: _____

Telephone: ___ ___ (A C) Number

Director: _____

DISTRIBUTION: White-Youth; Yellow-YST; Pink-Facility File; Goldenrod-Family.

Notice to Law Enforcement Officials: Contact DFY at the Facility or Youth Service Team phone number noted above if you have any questions or concer... about this youth's activities during this Home Visit.

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State of New York
DIVISION FOR YOUTH
Form DFY-630 (Front) (Rev. 6/79)

Date of Request

Work Order No. | Bldg. No.

FACILITY NAME:

WORK LOCATION

DESCRIPTION OF WORK (If work is required for other than normal wear, state conditions)

TYPE OF WORK

MAINTENANCE
- Emergency Maintenance ☐
- Routine Maintenance ☐
- Vandalism Maintenance ☐
- Preventive Maintenance ☐

SPECIAL PROJECT
- Antivandalism ☐
- Improvements ☐

NONMAINTENANCE ☐

SIGNATURE OF PERSON REQUESTING WORK
X

SIGNATURE OF PERSON APPROVING WORK
X

WORK AND MATERIALS REQUIRED (Include purchase order number and date ordered)

ESTIMATED MAN-HOURS

Fold Here

DFY WORK ORDER

WORK ORDER NUMBER

FACILITY CODE

BUILDING NO

DATE M M D D Y Y

TYPE OF WORK

MAINTENANCE ☐ Emergency ☐ Routine ☐ Vandalism ☐ Preventive
SPECIAL PROJECT ☐ Antivandalism ☐ Improvements
NONMAINTENANCE ☐

MAN-HOURS

Regular

Overtime

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INDUSTRY CAMPUS

HAIRCUTTING FORM

COTTAGE: _____ _____ DATE SCHEDULED: _____

RESIDENTS NAMES:

_____ _____ _____

_____ _____

_____ _____ _____

_____ _____ _____

BARBER SHIFT CHARGE

DISTRIBUTION:

1ST COPY - BARBER
2ND COPY - BUSINESS OFFICE
3RD COPY - SENIOR YDC

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№ 7977

CLOTHING REQUISITION

Cottage _____

Date _____

Signed by _____

Approved _____

STOREROOM USE ONLY

Boy's Name	Amount on hand or Boy's No	Article	Remarks	Amount required	Issued		
					New or U	Amt.	Size

Received by .....

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COUNSELING ATTENDANCE/SUMMARY FORM

FACILITY _____ UNIT _____

_____ |__|__|__|__|__|__|__| __/__/__

YOUTH NAME DFY CASE NUMBER FACILITY ADMISSION

WEEK OF _____ WEEK OF _____

COUNSELING SERVICE	SUBJECT							SUBJECT						
	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa
Social Skills Lesson	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Emotional Self-Control	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Moral Reasoning	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
"Thinking" Approach	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Parenting Skills	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Peer Relationships	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Family Issues	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Substance Abuse Service	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Sex Offender Service	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Health Education	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
HIV/AIDS Prevention	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Notes:

WEEK OF _____ WEEK OF _____

COUNSELING SERVICE	SUBJECT							SUBJECT						
	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa
Social Skills Lesson	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Emotional Self-Control	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Moral Reasoning	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
"Thinking" Approach	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Parenting Skills	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Peer Relationships	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Family Issues	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Substance Abuse Service	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Sex Offender Service	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Health Education	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
HIV/AIDS Prevention	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Notes:

_____

COUNSELOR NAME

COUNSELING ATTENDANCE/SUMMARY FORM

Directions for Completing the Counseling Attendance/Summary Form:
This form is designed to document and chart the progress of the counseling services provided to youth through a four-week period. Several topics of counseling are listed as rows for each week of a youth's placement in DFY. The counseling service can be provided to the youth in (1) individual meetings, in (2) large groups or in (3) small specialized groups. Each type of counseling services can be coded in the column for the day of the week in the row corresponding to the topic of the session.

Codes for the columns are as follows:

1 = **Individual Meeting:** a face-to-face meeting with a youth of at least thirty (30) minutes to address a specific youth need from the Case Management Plan.
2 = **Large Group:** any meeting with eleven or more youth, up to the number assigned to the living unit, of at least forty-five (45) minutes, to address a specific counseling issues. Examples include: unit meetings, behavior management feedback, activities planning or any educational activity on a particular topic such as AIDS, addiction, family issues, etc.
3 = **Small Specialized Group:** any meeting of two to ten youth, of at least forty-five (45) minutes, to address specific counseling issues; e.g., offense-related group, substance abuse group, sex offenders group, long-termers group, skill development group, peer relationship (including crisis counseling).

Examples of counseling topics or curriculum materials for the rows are as follows:

Social Skills Lesson: Social skill role-playing activity from ART or SLT; assertiveness training, problem-solving skills lesson, rehearsal for court appearance or other stressful social activity, dating skills lessons, making friends skills lessons, etc.
Emotional Self-Control Lesson: Anger Management training from ART, calming an angry youth, teaching a youth to identify emotions, discussing frustration, sadness, grief/loss or other emotional state with a youth.
Moral Reasoning Lesson: Moral dilemma discussion from ART or other curriculum, encouraging youth to make healthy or responsible choices (i.e., discussing "choosing" instead of "having to").
"Thinking" Approach: Sessions based on the principles of Samenow ("criminal thinking"), Glaser ("reality therapy"), Berenson ("thinking errors") or other cognitive interventions directed modifying a youth's self-concept, perception of social situations, attitudes or values. *Victim Awareness* curriculum can be coded in this row, even if part of substance abuse or sex offender group.
Parenting Skills: TAKING CARE or its modifications or other parenting skills program.
Peer Relationships: Any intervention to improve a youth's interactions with peers, peer mediation, conflict resolution, fostering cooperation, clarifying intentions, directing joint activities.
Family Issues: Any discussion or presentation about family life, dealing with parents' governance, coping with inadequate or abusive parenting, improving communications with parents, living with extended family members, coping with divorce, adjusting to step-family members, etc.
Substance Abuse Services: Any interventions to reduce a youth's substance abuse habits or risk of substance abuse, *Innervisions*, Alcoholics Anonymous or other self-help group, drug education services, etc.
Sex Offender Services: Any interventions to reduce a youth's sex offending behavior or risk of sexual offending, services to assist youth who have been sexually abused, etc.
Health Education: *Teen Health Modules*, nutrition counseling, human sexuality education or other health-related educational programs.
HIV/AIDS Prevention: Implementation of the 13 modules of the Cicatelli-developed HIV/AIDS curriculum, prevention or educational programs for AIDS awareness, use of videos or other multi-media resources for youth education about AIDS when followed by discussion or other structured activities aimed at reducing youth risk of infection by communicable diseases.

Notes: Use this space to document specific curricula used or specific topics for follow-up at subsequent sessions. Note also progress of youth and areas of concern that might need to be addressed as the youth transitions to another facility or to Community Care.

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WEEKLY FIRE SAFETY INSPECTION CHECKLIST

Area Inspected: _____ Inspected By: _____

Date: _____ Time: _____ _____
Signature

1. Fire Extinguishers:

A.	Placed Properly	( ) Yes	( ) No
B.	Good Condition	( ) Yes	( ) No
C.	Adequately Charged	( ) Yes	( ) No
D.	Inspected within the last 6 months	( ) Yes	( ) No

2. Exits:

A.	Clear and free from obstruction	( ) Yes	( ) No
B.	Usable Condition	( ) Yes	( ) No
C.	Are exit signs visable?	( ) Yes	( ) No
D.	Are illuminated exit signs in working condition?	( ) Yes	( ) No

3. Is area clean and orderly? ( ) Yes ( ) No

4. Are cleaning supplies, related equipment and hazardous materials maintained and stored properly? ( ) Yes ( ) No

5. Any fire safety hazards? ( ) Yes ( ) No

6. Are proper fire prevention programs and practices being followed? ( ) Yes ( ) No

7. Comments or deficiencies (use additional sheets as necessary):

_____

_____

_____

_____

_____

_____

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(WS)

BOYS' FUND
WITHDRAWAL SLIP

DFY INDUSTRY SCHOOL

COTTAGE _____ DATE _____

NAME	PURPOSE	AMOUNT	REQ'D BY	RESIDENT'S SIGNATURE

SHOPPING (VENDOR NAME), ACTIVITIES OFF GROUNDS, RELEASED (PAROLED), MONEY SENT HOME.

RECEIVED BY: _____ APPROVED BY: _____

DATE: _____

State of New York
DIVISION FOR YOUTH
Form DFY 4535 Rev. '89

MAJOR RULE VIOLATION SLIP

YOUTH: _____ (Name) _____ (Case Number)

INCIDENT _____ (Location) _____ (Date) _____ (Time) am pm

FACILITY C C OFFICE: _____

STANDARD OF CONDUCT VIOLATED AND DESCRIPTION OF BEHAVIOR:

IMMEDIATE ACTION TAKEN:

YOUTH -- DESCRIPTION OF INCIDENT:

YOUTH: _____ (Signature)

PREPARED BY: _____ (Signature) _____ (Title) _____ (Date)

RECOMMENDATION FOR DISPOSITION:

SUPERVISOR: _____ (Signature) _____ (Title) _____ (Date)

FINAL DISPOSITION:

FACILITY DIRECTOR/COMMUNITY CARE SUPERVISOR OR DESIGNEE: _____ (Signature)

Additional Materials and Resources

If your agency decides to implement the *Essential Communication and Documentation Skills* curriculum, the additional materials that you could request from Rockefeller College include:

- *Essential Communication and Documentation Skills Assessment* video tape

Used to conduct the assessment process described in the curriculum modules, **Orientation** and **Final Assessment**, as well as to deliver the **Observation** and **Decision Making** modules, the video simulates incidents from actual juvenile justice facilities that a direct care worker might encounter at the work site. After viewing, the participant completes a series of workplace tasks that draws on skills from observation through documentation.

- *Guide to Contextualized Workplace Tutoring* and its accompanying *Affiliate Administrator's Guide*

The Guide to Contextualized Workplace Tutoring and The Administrator's Guide are guides to help Literacy Volunteers of America in developing contextualized tutoring programs for trainees who complete the *Essentials* curriculum and are in need of further educational assistance. Both guides were developed for this project but can be adapted to other workplaces. LVA is a nationwide volunteer program, providing tutors at no cost to individuals who are desirous of increasing their skill in reading and writing. The appendices of these guides include a list of valuable resources for anyone interested in pursuing the subject of contextualized instruction and workplace literacy.

- *Staff Decisions* videotape

Available from the New York State Division for Youth, Bureau of Staff Development and Training, for a small fee, this videotape of simulated workplace incidents can be used as a basis for exploring the decision making process instructed in the **Decision Making** module.

ORDER FORM

Rockefeller College Workplace Literacy Program
Professional Development Program
Rockefeller College
University at Albany
State University of New York
Richardson Hall, Room 381
135 Western Avenue
Albany, NY 12222

Attn: Staff, **Rockefeller College Workplace Literacy Program**
Telephone: (518) 442-5422
Fax: (518) 442-5768

MATERIALS AVAILABLE

- ☐ *Essential Communication and Documentation Skills* Assessment Videotape
- ☐ *Guide to Contextualized Workplace Tutoring for Volunteer Tutors*
- ☐ *Administrator's Guide to Implementing Contextualized Workplace Tutoring*
- ☐ Additional copy of the *Essential Communication and Documentation Skills* curriculum

Ship Material To

Name

Title

Agency

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Phone:

Comments

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Description of Material

"Staff Decisions" **Videotape Training Program and Facilitator's Manual (VHS only)**

Cost: $ 25.00 (includes shipping and handling)

Payment Information

☐ Postal Money Order ☐ Cashier's Check ☐ Voucher/Purchase Order (Enclosed)

Quantity: _____

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Make Payable and Send To:

NYS DIVISION FOR YOUTH
Attention: Bureau of Staff Development & Training
52 Washington Street
Rensselaer, NY 12144

For Additional Information contact: Margaret W. Davis (518) 473-4474

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